

Service Integration Action Plan



Implementation Kick-Off Forum

October 9, 2002



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LOS ANGELES COUNTY SERVICE INTEGRATION ACTION PLAN IMPLEMENTATION KICK-OFF FORUM

AGENDA

OCTOBER 9, 2002

ALMANSOR COURT

700 SOUTH ALMANSOR STREET, ALHAMBRA

- 7:30 – 8:00 A.M. REGISTRATION AND CONTINENTAL BREAKFAST**
- 8:00 – 8:30 A.M. OPENING MORNING SESSION**
WELCOME AND OPENING REMARKS.....SHARON R. HARPER
CHIEF DEPUTY, CAO
- 8:30 – 8:50 A.M. THE ROAD TRAVELED..... JOHN OTT, FACILITATOR**
- 8:50 – 10:00 A.M. OVERVIEW OF WORKGROUP ACCOMPLISHMENTS.....WORKGROUP CHAIRS**
FOCUS AREA 1 – ACCESS TO SERVICES..... CARRIE WATSON
FOCUS AREA 2 – CUSTOMER SERVICE AND SATISFACTION..TONI SAENZ YAFFE
FOCUS AREA 3 – MULTI-AGENCY SERVICE DELIVERY.....PHIL ANSELL
FOCUS AREA 4 – DATA AND INFORMATION SHARING..... EARL BRADLEY
FOCUS AREA 5 – FUNDING FOR SERVICES..... SUSAN EDELMAN
FOCUS AREA 6 – PURSUING LONG-TERM SUCCESS..... D. JOY GOULD
- 10:00 – 10:15 A.M. BREAK**
- 10:15 – 10:30 A.M. OVERVIEW OF PHASE II IMPLEMENTATION PLANS.....ALISA DRAKODAIDIS**
- 10:30 – 11:30 A.M. STAYING THE COURSE AND BRINGING ABOUT CHANGE.....SMALL GROUP WORK**
- 11:30 – 12:30 P.M. THE ROAD AHEADJOHN OTT, FACILITATOR**
- 12:30 P.M. ADJOURN**

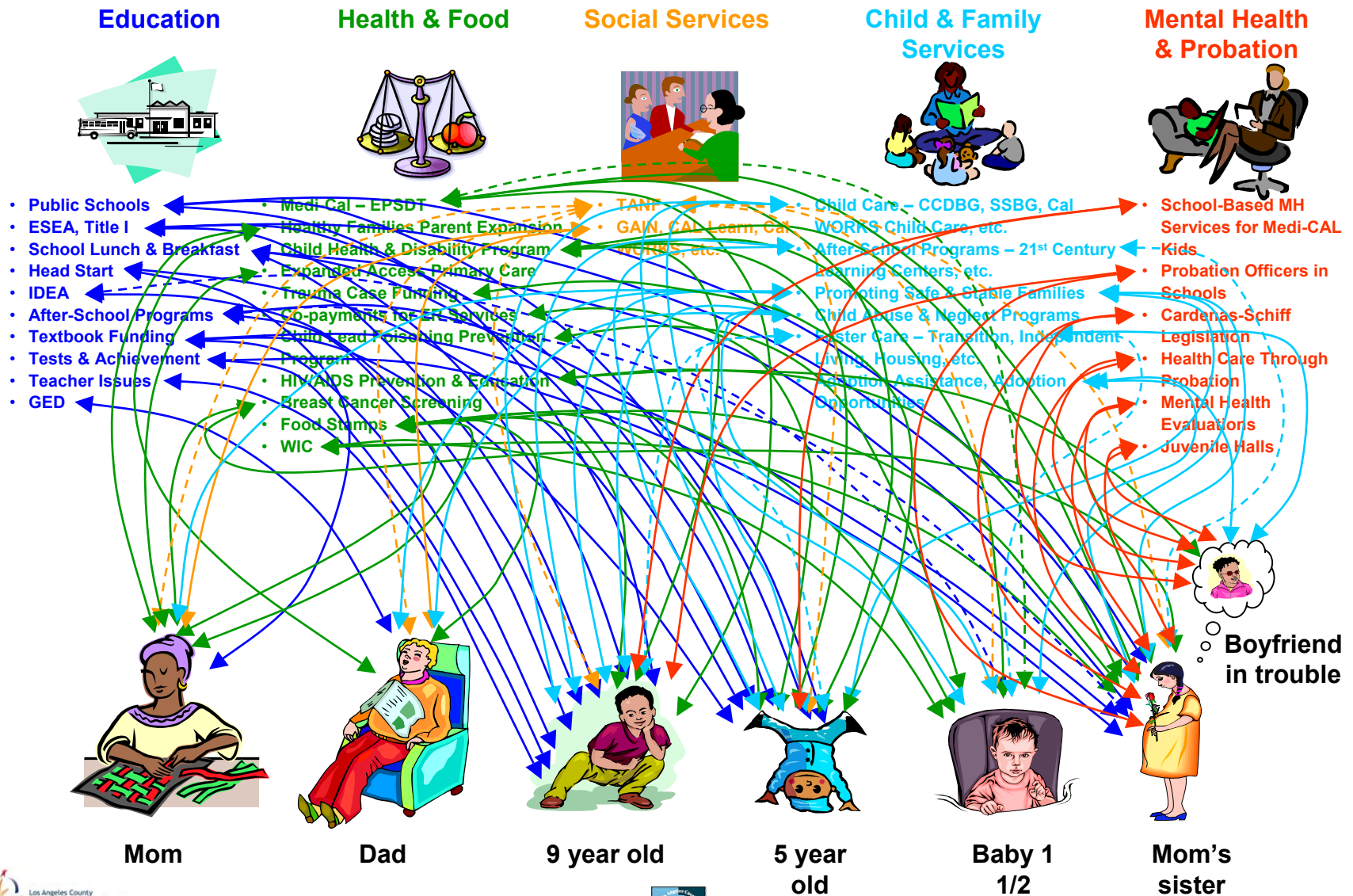
Understanding LA Systems That Affect Families

A Look at How 40+ Programs Might Touch One Los Angeles Family

Margaret Dunkle

*The George Washington University
& The Children's Planning Council*

2002



Goal No. 5: CHILDREN AND FAMILIES' WELL-BEING

Improve the well-being of children and families in Los Angeles County as measured by achievements in the five outcome areas adopted by the Board: good health; economic well-being; safety and survival; emotional and social well-being; and education/workforce readiness.

Strategy 1: Coordinate, collaborate, and integrate services for children and families across functional and jurisdictional boundaries.

- Objective 1: By August 2000, establish a centralized function within the Chief Administrative Office to provide the leadership, planning, real time data, and ability to measure results necessary to deliver services to children and families in a seamless fashion.
- Objective 2: By December 2000, develop a draft action plan that outlines the structure, systems, and steps to be taken to develop a seamless service delivery system.
- Objective 3: By March 2001, adopt and begin the process for implementing a service integration action plan that seeks to integrate County services for children and families focusing on five key areas: access to services; customer service and satisfaction; data sharing; multi-agency service delivery; and funding for services.
- Objective 4: By December 2001, develop a plan that identifies long-term, systemic changes needed to fully realize and sustain improved outcomes for children and families.
- Objective 5: By December 2001, each department will have outlined and incorporated into its departmental strategic plan, the steps taken to collaborate towards improving the five outcomes for children and families.

Strategy 2: Implement a system to measure progress towards improving the five outcomes for children and families.

- Objective 1: By March 2001, adopt the Results-Based Decision Making model, which includes results and performance accountability, as a common analytical framework for measuring progress towards the five outcome areas for children and families.

- Objective 2: By July 2001, identify and adopt a small set of standard Countywide indicators for quantifying and measuring progress towards achieving the five outcome areas for children and families.
- Objective 3: By September 2001, develop a standardized system of measuring and establishing performance measures for County programs that are both linked to the standard Countywide indicators (where possible) and consistent with the service and program mandates of the population served.
- Objective 4: By October 2001, link the implementation and achievement of performance indicators to the County's strategic planning process and the Management Appraisal Performance plans for County managers.
- Objective 5: By December 2001, incorporate the Results-Based Decision Making model into the County budget process for departments with funding allocated to provide services for children and families, and restructure the Children's Budget to illustrate linkages among resources and programs/services across service delivery systems to improve outcomes for children and families.

Strategy 3: Engage individual departments in their planning efforts towards achieving the five outcomes for children and families.

- Objective 1: By July 2001, each department will include in its departmental strategic plan, a section that outlines how individual departmental services and programs are aimed at improving the five outcome areas for children and families.

County of Los Angeles Strategic Plan

Goal No. 5: CHILDREN AND FAMILIES' WELL-BEING

Improve the well-being of children and families in Los Angeles County as measured by achievements in the five outcome areas adopted by the Board: good health; safety and survival; economic well-being; social and emotional well-being; and education/ workforce readiness.

A family is defined as a support group of people consisting of children, their caregivers, and other adults, including seniors, who relate to each other and are interdependent for meeting their basic living needs.

Strategy 1: Implement integrated service delivery initiatives to demonstrate substantial progress toward achieving improved outcomes for children and families by July 2005.

- Objective 1: By June 30, 2003, fully implement the piloting of a Centralized Eligibility List to increase access to the full range of subsidized child care services for income-eligible families.
- Objective 2: By July 31, 2003, initiate an action plan and identify resources to implement health, mental health, and substance abuse screening and assessment for all children entering out-of-home placement for the foster care and juvenile justice systems.
- Objective 3: By July 31, 2003, pilot use of service integration tools designed to improve children and families access to services, including, but not limited, to the Universal Face Sheet (UFS) and the Most Commonly Required Fees and Documents (MCRD).
- Objective 4: By October 31, 2003, complete the design process for an Integrated Family Services System (IFSS) to comprehensively integrate services and improve outcomes for children in out-of-home placement and/or families receiving two or more of the following services: CalWORKs; Child Protective Services; Mental Health; and Juvenile Probation.
- Objective 5: By October 31, 2003, launch an Internet-accessible, self-administered *Los Angeles Services Identification and Referral (LASIR)* software application, usable by County and non-County staff, community-based organization representatives, and the general public for identifying services and programs that might be available to individuals and/or families in need, based on their unique circumstances.
- Objective 6: By December 31, 2003, fully implement the Child Care and Development Project to increase the capacity of child care providers and programs to appropriately serve children with disabilities and other special needs.
- Objective 7: By July 31, 2004, fully implement Customer Service and Satisfaction Standards to ensure families are treated with respect and courtesy whenever they interact with County departments/agencies and their community partners.
- Objective 8: By December 31, 2004, implement Principles for Partnering pilot and evaluate the collective efforts of County Departments and community-based organizations for enhancing families' and communities' capacity to meet their own needs.

Objective 9: By July 31, 2005, implement the Child Abuse Prevention Initiative (CAPI) in partnership with First 5 LA (formerly the Children and Families First Proposition 10 Commission).

Strategy 2: Establish alignment among stakeholders on health and human service priorities for improving outcomes by July 31, 2003.

Objective 1: By January 31, 2003, adopt and begin implementation of the Child Care and Development Strategic Plan to improve the capacity, accessibility, and quality of child care and development services for children and families in Los Angeles County.

Objective 2: By February 28, 2003, apprise and seek support of County stakeholders on departmental priorities for improving outcomes for children and families.

Objective 3: By April 30, 2003, initiate action plan for creating a Countywide Long-Term Care System to coordinate and integrate services for improving outcomes for elderly and disabled adults.

Objective 4: By July 31, 2003, establish roles and areas of involvement for key stakeholders in support of departmental priorities.

Objective 5: By July 31, 2003, adopt policy for developing co-located and integrated multi-agency Family Service Centers that provide accessible, community-based health and human services.

Objective 6: By July 31, 2003, confirm the commitment between the County and its health and human services contract partners to implement consistent best practices for achieving a shared vision and goals, customer service and satisfaction standards, and outcomes.

Objective 7: By July 31, 2003, initiate comprehensive action plan to reduce the length of stay for children in out-of-home placement and increase the number of permanent families for children in foster care through reunification, relative caregiver guardianship or adoption.

Strategy 3: Complete implementation of a system to measure progress towards improving the five outcomes for children and families by April 30, 2006.

Objective 1: By July 31, 2003, pilot the Outcomes Screening Tool (OST) for ensuring that all health and human services are effectively contributing to the achievement of the five outcomes.

Objective 2: By July 31, 2004, each department shall implement data collection and analytical processes that institutionalize the use of program performance measures for decision-making and strategic planning.

Objective 3: By April 30, 2006, complete implementation of the restructured Children and Families Budget to support program performance and results-based decision-making.



COUNTY OF LOS ANGELES SERVICE INTEGRATION ACTION PLAN PHASE I RECOMMENDATIONS

INTRODUCTION

The Service Integration Action Plan (SIAP) was created to make substantial progress toward an integrated service delivery system for improving outcomes for children and families, in keeping with the June 17, 1997 Board motion that established the New Directions Task Force (NDTF), with the goal of designing a seamless service delivery system (see Appendix for copy of Board motion). On February 13, 2001, the NDTF approved the SIAP (see Appendix). Subsequent to NDTF's approval, a SIAP Kick-Off Forum was held on April 23, 2001. Forum participants, representing County departments/agencies, community partners, and community representatives launched the SIAP through the formation of six Workgroups (see Appendix for Workgroup Rosters): 1) Access to Services; 2) Customer Services and Satisfaction; 3) Multi-Agency Service Delivery; 4) Data/Information Sharing; 5) Funding for Services; and 6) Pursuing Long-Term Success. These Workgroups, mirroring the representation at the Forum, have worked intensively since May of last year to make real the commitments of the SIAP.

The SIAP implementation recommendations being presented for approval to NDTF are linked with other service integration activities, within and across agencies, including the County Strategic Plan and the performance measures created as a result of the SIAP. Each Workgroup initially developed performance measures that were approved by NDTF for specific tasks within their areas of responsibility (see Appendix). The performance measures address Quantity (Effort Input: What We Do – Effect/Output: How Much Change), and Quality (Effort Input: How Well We Do It – Effect/Output: Quality Of Change). The SIAP recommendations will have substantial positive impact on changing the way the County does business. It supports shared themes, identified in the strategic plans of several departments, such as, to become more consumer/client-focused; value community partnerships and collaborations; emphasize values and integrity; and use a strengths-based and multi-disciplinary team approach. Attachment I, provides a summary of the recommendations and an analysis of the operational enhancements and service delivery effectiveness impact.

In accordance with the SIAP, Workgroups researched, identified, and analyzed: populations to be served; customer service needs; work environment and staff training needs; access barriers; multi-agency service programs; promising practices; policies, regulations, and procedures; partnering concepts; data technology; and funding resources. Each of the recommendations contained in this report was developed by one of the five focus area Workgroups, whose members represent departments/agencies and community partners. The recommendations were then reviewed and endorsed by Workgroup 6. Attachment II identifies the populations in the County who will be impacted by the recommendations.

RECOMMENDATIONS OVERVIEW

One of the primary commitments of the SIAP is to improve how families are treated when they apply for and receive services. The **Customer Service and Satisfaction Standards** have been developed to ensure families are treated with respect and courtesy whenever they interact with County departments/agencies and their community partners. These Customer Service and Satisfaction Standards establish bottom-line levels of customer service performance; they also establish clear mandates for departments to engage in a continuous process of assessment and improvement. While courtesy and respect have no direct associated costs, they are the cornerstones of customer service. Adoption of uniform Customer Service and Satisfaction Standards, which describe acceptable customer service performance levels for the staff of the County and its community partners, is a crucial step in creating a holistic approach to serving children and families.

In conjunction with Customer Service and Satisfaction Standards, global **Principles of Family Support Practices (Principles for Partnering)** have been developed to create the foundation for partnerships based on mutual respect and accountability. These principles will guide how the County's health and human services system, and its community partners, will work with families and communities to assist in the achievement of the five Board approved outcomes for children and families. It is believed that the adoption of these principles will evolve the service delivery system in ways that build a family's and community's capacities to meet their own needs: not just giving them fish, but helping them learn to fish.

Customer service and partnering will be further enhanced by the removal of barriers that impede access to services. One of the most obvious barriers that families face when attempting to access services is the often bewildering array of fees, forms, and documents that different programs require to determine a family's eligibility. We have heard repeated stories of families taking long journeys on public transportation to apply for services, only to be told when they finally arrive at the service site that they must return because they do not have the required documentation. An immediate response the County can make to address this barrier is to publish and widely distribute a form called the **Most Commonly Required Fees and Documents (MCRD)**. This form presents a matrix that can quickly help families understand what documents and fees they will need to produce if they want to apply for major County-administered program services. The reverse side of the MCRD lists the agencies, together with contact information, from which families can obtain copies of documents they do not have.

While the MCRD will provide customers with needed information to access services, customers must still provide the same identifying information to each County department/agency and community partner from which services are requested. The **Universal Face Sheet (UFS)** has been developed for piloting, to initially serve as the "top sheet" in all County customer files. This document contains basic information, currently required by most service systems, about the customer and his/her family. Since many families apply for more than one service, families can take a copy of this UFS with them to apply for other services. Additionally, future automation of the UFS is

being explored by the Data/Information Sharing Workgroup relative to the establishment of a single County Identifier Index technology application.

Also in the area of automation, the recommendation to establish an Asset Mapping Roundtable will build on efforts to identify local health and human service offices and provide directions to each site, via both public and private transportation. A multi-linked automated asset map of the County is needed to accommodate various audiences and, ultimately, meld program-planning efforts with service access and delivery. Implementation of the Asset Mapping recommendation is being referred to the Chief Information Office for incorporation into Geographical Information System (GIS) planning already occurring. This recommendation does not require NDTF approval at this time.

Additionally, the Data/Information Sharing Workgroup is exploring an Electronic Eligibility Determination technology application, as part of the ongoing SIAP. This application will enable customers, at any point of entry into the County service system, to be advised of potential eligibility for an array of programs across agencies.

Access and delivery of services to County residents is to be seamless, especially in regard to those needing multi-agency services. While County departments and their partner agencies have experimented with a number of multi-agency service initiatives, services remain fragmented. To move toward the establishment of a more holistic service delivery approach, development of an **Integrated Family Services System (IFSS)** is recommended to specifically and comprehensively integrate services provided to children in out-of-home care, and to families receiving two or more of the following services: CalWORKs (DPSS), Child Protective Services (DCFS), Mental Health (DMH), or Juvenile Probation (Probation Department). IFSS is intended to improve outcomes for children and families in the two proposed target populations by structuring the human services delivery system to respond to their needs in a holistic, integrated, and individualized manner, which, in turn, builds on the strengths of each individual child/family.

To ensure that all health and human services are effectively contributing to the achievement of the five outcomes for children and families, an **Outcomes Screening Tool (OST)** is recommended for piloting. The OST was developed for use by County and non-County agencies, and has the potential to dramatically effect the identification of needs, help smooth referrals, and allow for the collection of outcome data. This one-page tool, originally developed by Placer County, has been amended slightly to reflect Los Angeles County's five adopted outcome areas for children and families. Four versions of the OST have been developed to address the Early Childhood, Child, Adult, and Older Adult populations. A series of evaluations are performed to assess the families' progress. Termination of services will be dependent on the customer achieving a score across all outcome areas, which indicates they are on their way to self-sufficiency.

Moving children and families towards self-sufficiency is dependent on the County and its community partners working together to improve outcomes for children and families. The County must ensure that contracts support the achievement of the County's vision

for children and families, and are well integrated with County-delivered services. To encourage and support optimal provider performance, contract development and monitoring standards are needed to focus on achievement of the agreed upon outcomes the contract is expected to accomplish. This recommendation to further develop **consistent Countywide contracting processes** will impact existing contracting practices utilized by all County departments that let contracts for health and human services.

To support full implementation of the proposed recommendations, current efforts already underway will continue in regard to developing a revenue maximization plan to support children and family services. The Funding for Services Workgroup has developed and distributed an electronic Funding Resources Information Survey. The Survey is designed to capture funding information related to the County's health and human services delivery system for children and families. Survey data will serve as a basis for developing strategies and guidelines for increased leveraging and/or matching of funds, and creating an Internet-accessible, interactive database to help departments/agencies identify potential revenue sharing and funding opportunities. To date, over sixty funding streams, each over \$1 million, have been identified.

IMPLEMENTATION RESOURCES: IMPACT ON DEPARTMENTS/AGENCIES

The following information provides a summary of the potential implementation impact on NDTF agencies and their community partners.

➤ *Customer Service and Satisfaction Standards*

This recommendation impacts all NDTF member departments/agencies.

Improving customer service and satisfaction requires designation of an executive leader, who is responsible for communication, assessment, and follow-up; commitment and accountability at all levels of the organization; establishment of measurable standards; coordination of all organizational staff training, incentives, and feedback for all organizational staff; routine systematic program evaluation, which includes consumer input; and ongoing improvement efforts. It will also require the long-term commitment that is essential to sustained cultural change.

Since many of the NDTF member departments/agencies are at different stages in planning and implementing customer service and satisfaction programs, the resource commitment for each department will vary. Compliance with some of the standards will require facility improvements that may need to be phased in over a period of time as resources permit.

The implementation of a standardized Countywide customer service and satisfaction survey requires investing the time and resources needed to develop a valid survey instrument and process, administer the survey, assess the data gathered in the survey, and develop and implement improvement plans, as needed.

➤ ***Principles of Family Support Practices (Principles for Partnering)***

The Principles of Family Support Practices (Principles for Partnering) recommendation impacts all NDTF member departments/agencies. This includes all County departments serving children, families, their community partners, as well as County support departments.

To implement this recommendation, line departments will need to adopt the Principles of Family Support Practices, and identify two initiatives within their departments that will implement approaches, over the next two years, that are aligned with one or both of the following principles:

- County departments and community-based organizations work to increase a family's capacity to meet its needs within networks of peer relationships; and
- County departments and community-based organizations work to increase a community's capacity to act on its own behalf.

The County departments will also advocate for their community partners to adopt these two principles as well.

➤ ***Most Commonly Required Fees and Documents Matrix (MCRD)***

Use of the MCRD has the potential to impact all County departments, as well as community agencies that refer/assist children and families to obtain needed services.

For purposes of the MCRD pilot, the form's content will be confirmed and copies will be provided to participating departments/agencies in the threshold languages. County departments need to maintain and reproduce necessary copies of the MCRD in threshold languages, in sufficient quantity to ensure supplies are available. Community organizations will have a similar commitment, although the County will provide for non-English translations.

➤ ***Universal Face Sheet (UFS)***

Use of the UFS has the potential to impact all County departments, as well as community agencies that refer/assist families and children to obtain needed services.

In Phase I, the UFS will be cleared and field-tested. Shortly thereafter, the modified UFS will be presented to the SIAP Team for approval to pilot. In Phase II, all necessary implementation steps will need to be taken to pilot the use of the UFS by County departments and community partners, which include, but are not limited to the following:

1. Design of pilot evaluation instrument;
2. Determination of test population;
3. Development of procedures for use of UFS;
4. Production of UFS by professional printer, or through electronic means;
5. Preparation of pilot instructions;
6. Development of UFS training; and
7. Evaluation of pilot.

Phase III will be implementation of the UFS Countywide, upon NDTF approval. Automation of the UFS will be explored for completion and transmission.

➤ ***Integrated Family Services System (IFSS)***

Implementation Design Process

The Chief Administrative Office (CAO), DCFS, DPSS, DMH, and the Probation Department will designate senior staff to lead their Departments' participation in the implementation design process. This leadership role will need to constitute a substantial portion of the responsibilities of these senior staff.

An implementation design team will be formed, with: 1) staff from the CAO, DCFS, DMH, DPSS, the Probation Department, Department of Health Services (DHS), Los Angeles County Office of Education (LACOE), Community and Senior Services (CSS), and the Community Development Commission (CDC); 2) representatives from the major multi-agency initiatives currently serving members of either or both target populations; and 3) community representatives from each of the Service Planning Area/American Indian Children's Councils. The implementation design team will return to NDTF with a formal project management implementation plan, within six months of their approval of this recommendation.

The CAO, with the participation of the Children's Planning Council, will lead the implementation of the design process.

IFSS Implementation

The specific impacts of IFSS will depend on the outcome of the implementation design process. However, potential impacts may include:

1. The four participating primary health and human services departments will adopt shared accountability for goals, outcomes, and indicators to measure progress with the families served by IFSS.

2. There will be a major impact on the daily operations and business practices of DCFS, DMH, DPSS, and the Probation Department with respect to the two IFSS target populations. There will be major changes to operational structures and to service delivery programs provided by these four departments. The IFSS Design Team will address specific changes regarding case planning, automated systems, where staff is housed, and a host of other areas.
3. Case-carrying workers in all four departments (e.g., GAIN Services Workers, Children's Social Workers, Deputy Probation Officers) will be directly impacted to the extent that they are assigned to work with children/families in IFSS. Other workers in the four departments will experience less direct impacts.
4. Though precise data is not currently available, it appears that IFSS will encompass a very high proportion of children/families served by DCFS, a moderate proportion of youth served by the Probation Department and families served by DMH, and a modest proportion of DPSS CalWORKs families. The extent of the impact will vary depending on the percentage of each of the four departments' clients who will fall in one or both of the IFSS target populations. The IFSS will primarily utilize resources that are currently committed to providing services to members of the two proposed target populations. While there will likely be one-time start-up and transition costs, it is also possible that a more effective system of services for these two target populations could result in cost avoidance, as well as better outcomes.
5. There will be a major impact on current multi-agency service initiatives that serve members of either or both of the IFSS target populations. The IFSS Design Team will include representatives of each of these current initiatives, who will contribute the lessons learned to date about collaborative service delivery and support the development of recommendations regarding whether and how these initiatives should continue to function in the context of the IFSS.
6. Other County and non-County agencies working with members of either or both of IFSS target populations will be positively impacted, because the IFSS will establish an integrated case management and case planning system making coordination with County services much easier.

➤ ***Outcomes Screening Tool (OST)***

Use of the OST has the potential to impact all County departments, as well as community agencies that refer/assist families and children to obtain needed services.

In Phase I, OST will be field tested to determine the usefulness of the data elements. The OST will then be piloted, per the same procedures noted above, under Universal Face Sheet. The Children's Planning Council will take the lead for the pilot. Subsequent to the pilot, the OST will be evaluated and revised, as necessary, and presented to NDTF for approval to proceed with implementation Countywide. At

that time, the possibility of a technology application will also be explored. Automation of the OST will be explored for completion and transmission.

The commitment of County departments is needed to: 1) pilot OST; 2) develop a database to track client progress/outcomes; and 3) determine how many and which existing clients or case planning forms OST can replace, and take necessary steps, if required, to obtain State/Federal approval to do so.

➤ ***Development of Consistent Countywide Contracting Processes***

This recommendation impacts the contracting practices utilized by all County departments that let contracts for health and human services.

This recommendation provides for the establishment of: 1) a Countywide request for proposals/contracting process; 2) a consistent proposal evaluation rating instrument; and 3) a contract monitoring process to guide key contracting functions across departments, so that community-based agencies and networks can integrate services more readily. As contract simplification is currently being addressed by the Children's Planning Council's Family Resource Center's Recommendation 4 (CPC/FRC Rec., 4), adopted by the Board on September 4, 2001, approval to refer this recommendation to CPC/FRC Rec., 4 is being requested.

➤ ***Asset Mapping Roundtable***

NDTF approval not required. Referred to the Chief Information Office (CIO) for incorporation into their GIS coordination efforts.

➤ ***Electronic Eligibility Determination***

NDTF approval not required. Referred/incorporated into existing Data/Information Sharing and Funding for Services Workgroups' SIAP tasks.

PHASE II – SIAP IMPLEMENTATION AND NEXT STEPS

Given the recent passing of the one-year anniversary since the approval of the SIAP, it is necessary and appropriate to evaluate next steps and the structure needed to support further implementation of the plan. All of the six existing SIAP Workgroups were incredibly dedicated to shaping implementation of the plan and successfully achieving substantial completion of most Phase I tasks. Access to Services, Customer Service and Satisfaction, Multi-Agency Services, and the Long-Term Success Workgroups further developed and shaped implementation recommendations in regard to what is needed to improve services to children and families. Data/Information Sharing and Funding for Services Workgroups immediately began implementing actions to put in place the tools necessary for agencies to share information and data, as well as optimize available funding.

Next steps for all SIAP Workgroups will require institutional alignment of responsibilities with staff and community representatives who are expert in the impacted area, have the capacity to organizationally implement the required actions, and/or have the will to champion the desired systemic change. Four of the Workgroups (Access to Services, Customer Service and Satisfaction, Multi-Agency Service Delivery, and Pursuing Long-Term Success) feel that their members have fulfilled their commitment and accomplished what they set out to accomplish as part of Phase I, and have identified an appropriate representative body (ies) to carry on implementation of Phase II. The remaining two Workgroups (Information/Data Sharing and Funding for Services) have reaffirmed their commitment to continue on with completing implementation of remaining SIAP tasks and will address the need for reconstitution of representation as the need arises. Attachment III provides the SIAP Implementation Oversight Structure, and Attachment IV is an update of the individual status of each SIAP task. Also attached are supporting materials for the recommendations and status reflected in this narrative summary.

To ensure progress is continued in regard to Phase II SIAP implementation activities, an oversight body is needed to carry out the recommendations approved by the New Directions Task Force, align resources, integrate activities, overcome barriers, monitor completion of remaining SIAP tasks, and evaluate performance measures. This body will be known as the Service Integration Action Plan Team (SIAP Team) and will be comprised of the leads/chairs of the continuing SIAP Workgroups, Asset Mapping Roundtable, Customer Service and Satisfaction Network, Integrated Family Services System Design Team, Human Resources Sub-group, as well as the Executive Director of the Children Planning Council, and representatives of each of the Service Planning Area Councils/American Indian Council. The lead for this action-oriented group will be a representative from the CAO. Existing Workgroup 6 members will be welcome to lend their experience and expertise, and join in the discussions of the SIAP Team Implementation Oversight Body.

The SIAP Team will be vigilant and continue its existence until such time that full achievement of the goals and values identified in the SIAP narrative approved on February 13, 2001, are realized. This body will work to link and integrate activities at all levels, within the County and across agencies, to put in place the structure and resources necessary to support systemic change for improving outcomes for children and families.

CONCLUSION

Approval by NDTF to move forward with these recommendations and the SIAP Phase II tasks represents substantial progress toward service integration and improved outcomes for children and family. The efforts of the Workgroups represents a microcosm of what can be done system-wide when representatives of the County, community, and consumers of service work together to develop practical ways to make County services more accessible, customer friendly, better integrated, and outcome-focused.

**RECOMMENDATION SUMMARY
OPERATIONAL ENHANCEMENT AND
SERVICE DELIVERY EFFECTIVENESS IMPACT**

ATTACHMENT I

RECOMMENDATIONS	IMPACT OF IMPLEMENTATION	
	Operational Enhancement: County Departments/Agencies and Community Partners	Service Delivery Effectiveness: Improved Outcomes for Children and Families
Customer Service and Satisfaction Standards Adopt the Customer Service and Satisfaction Standards developed to ensure that families are treated with respect and courtesy in all interactions with County departments/agencies and community partners	Establishes and implements uniform standards for customer service and satisfaction for County departments, agencies, community partners, CBOs and County contractors Provides for ongoing training and communication of established standards to all County staff Creates a positive service environment with consistent standards for employees Establishes executive leadership commitment and accountability to standards Increases number of County departments internalizing customer service standards Provides County and community partners' staff with clear expectations of customer service performance levels	Provides children and families with a uniform set of customer service and satisfaction standard expectations Establishes courtesy, respect, dignity, timeliness, responsiveness, and cultural and linguistic competence as the standard for interactions with all customers Ensures families are treated with respect at every encounter within the human services system Supports the provision of appropriate, timely, and professional services in safe, clean, and friendly department/agency facilities Improves the level of satisfaction with services and reduces complaints regarding the manner in which children and families are served
Principles for Partnership Adopt the Principles for Partnering as statements of best practices to guide County departments and community partners in their ongoing work to design initiatives intended to improve outcomes for children and families	Identifies common principles for establishing working relationships based on equality and mutual respect Creates priority for County departments and community partners to work to increase the family's capacity to meet its needs with networks of peer relationships Establishes guiding principles for partnering with communities and families	Enables an evolving service delivery system that contributes to the self-sufficiency of both families and the community Establishes stronger partnerships between County, County partners, families, and the community Supports the community's capacity to act on its own behalf
Most Commonly Required Fees/Documents Matrix (MCRD) Approve Countywide distribution of the MCRD for use by County departments/agencies and community partners, to assist customers in obtaining required documentation for determining eligibility for program services	Optimizes the sharing of information, resources, and best practices Standardizes the communication of information regarding key critical program services Begins to establish and organize a referral process to serve children and families and make access to services easier	Provides an easily read and understood referral document for customer use Informs customers in a simplified format about the key documents required to access services Assists customers with information on how and where to obtain required eligibility documents by providing a list of agencies to contact Begins to inform customers of what services they may be eligible to receive
Universal Face Sheet (UFS) Pilot the UFS, which will contain the basic customer/family identifying information that is currently required by most health and human services providers to complete the intake process	Creates a common service application tool across departments/agencies Contains identifying core family history and factual information for use as a universal top sheet document in all County health and human services client records Begins to establish a uniform process for gathering needed information at the first point of contact and begins to streamline the referral process across agencies Presents an opportunity to contribute to the establishment of requirements for an automated system	Informs children and families about information needed to apply for services Reduces the number of times customers have to repeat their stories Enables customers to maintain their information in an organized fashion and be aware of what information needs to be kept up-to-date

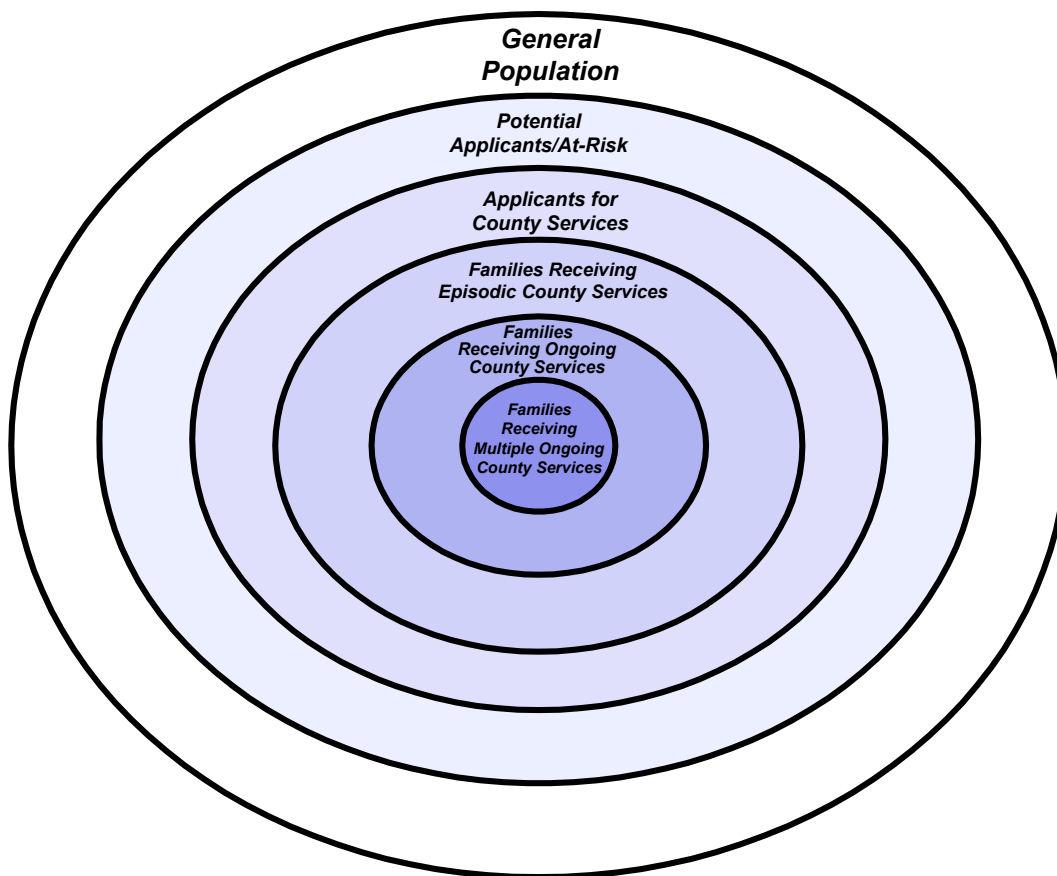
**RECOMMENDATION SUMMARY
OPERATIONAL ENHANCEMENT AND
SERVICE DELIVERY EFFECTIVENESS IMPACT**

ATTACHMENT I

RECOMMENDATIONS	IMPACT OF IMPLEMENTATION	
	Operational Enhancements County Departments/Agencies and Community Partners	Service Delivery Effectiveness: Improved Outcomes for Children and Families
Outcomes Screening Tool (OST) Pilot the OST, which is designed to ensure that all health and human services are effectively contributing to the achievement of the five outcomes for children and families, and to assess a family's progress toward self-sufficiency through a series of periodic evaluations	<p>Begins to support the development of a multi-agency family service plan which has direct linkages to improving outcomes</p> <p>Establishes the need for multiple County departments and agencies to work collaboratively to provide needed services</p> <p>Begins to support the identification of client needs, helps smooth referrals, and allows for the collection of outcome data</p>	<p>Begins to identify the need for services across agencies in relation to directly improving the lives of the customer</p> <p>Identifies for the customer what areas specifically need to be addressed to improve their outcomes</p> <p>Supports the provision of appropriate, timely, professional, and coordinated multi-agency services</p>
Integrated Family Service System (IFSS) Approve the establishment of the Design Team, which will respond to the needs of children in out-of-home care and families receiving two or more services from either DCFS, DMH, CalWORKs (DPSS), or Juvenile Probation, to establish an integrated and holistic service delivery system which addresses individualized needs	<p>Provides for the development of fully integrated services for children in out-of-home care and children and families requiring multi-agency services</p> <p>Coordinates multi-agency service needs of children in out-of-home placement in support of effective and efficient resource usage</p> <p>Implements an organized common family assessment procedure and integrates the system appropriately</p> <p>Begins to identify preventative measures needed based on focused and coordinated review of population needs</p>	<p>Coordinates works toward family reunification and strengthening family ties</p> <p>Responds to needs of children and families in a holistic, integrated, and individualized manner</p> <p>Presents an opportunity to plan for and increase the number of families seen at a single location by coordinating multi-agency staff</p> <p>Supports the provision of appropriate, timely, professional, and coordinated multi-agency services</p>
Children's Planning Council's Family Resource Centers (FRC), Recommendation 4 – Contract Simplification Support development of consistent Countywide contracting standards that will streamline contracting	<p>Begins to standardize contracting processes used by all County departments that let contracts for health and human services</p> <p>Develops consistent Countywide RFP processes, Proposal Evaluation Rating Instruments, and contract monitoring processes</p>	<p>Establishes common and uniform outcomes and focused deliverables for the provision of services to customers</p> <p>Reduces administrative distractions and time away from delivering direct services to customers</p>
Asset Mapping * Designed to identify local human service department/agency offices, and provide directions to each site, via public or private transportation *No NDTF action required; incorporated into CIO Geographic Information System (GIS) planning	<p>Supports the coordination and uniform usage of GIS tools across agencies</p> <p>Provides potential for melding program development with actual GIS service delivery data</p> <p>Identifies current and future GIS needs</p>	<p>Begins to link service information with County and partner facility sites to improve customer access</p> <p>Provides directions, via public and private transportation, for clients to County and community partner locations</p> <p>Identifies customer access barriers that prevent/limit access to services, including geographical service boundaries</p>
Electronic Eligibility Determination* Explore the development of an Electronic Eligibility Determination application to enable customers, at any point of entry in the County service system, to be advised of their potential eligibility for an array of program services * No NDTF action required	<p>Develops tools needed to share information and resources</p> <p>Increases staffs' ability to more effectively coordinate services and make referrals</p> <p>Provides electronic transfer of information</p> <p>Develops foundation for the identification and automation of the menu of services offered by departments/agencies and community partners</p>	<p>Increases customer awareness of available County program services at initial point of contact</p> <p>Potentially enhances the time between accessing information and receiving services</p> <p>Increases the number of customers who feel they are provided with comprehensive and complete information</p>

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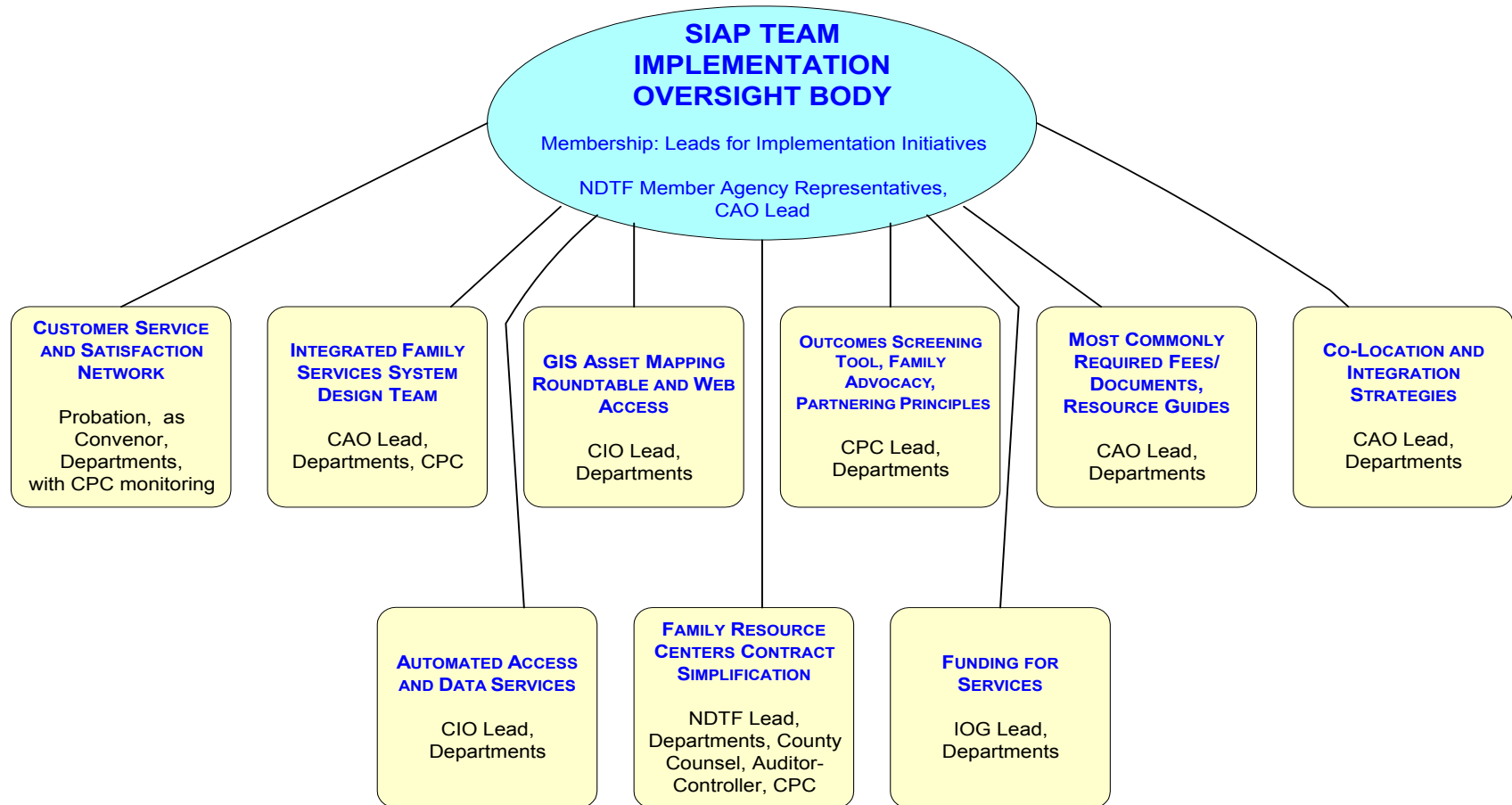
RECOMMENDATION IMPACTS ON COUNTY POPULATIONS



	Outcomes Screening Tool	Asset Mapping	Most Commonly Required Documents	Standards for Universal Face Sheet	Principles for Customer Service	Integrated Family Services System	
Families receiving multiple services	x	x	x	x	x	x	x
Families receiving ongoing services	x	x	x	x	x	x	P
Families receiving episodic services			x	x	x	x	
Applicants for County services			x	x	x	x	
Potential Applicants/At-Risk Families			x	x	P	x	x
General Population			x	x	P	x	x

X – Impacts Population
P – Potentially Applicable

SIAP IMPLEMENTATION OVERSIGHT STRUCTURE



SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
1	ACCESS TO SERVICES: CREATING A 'NO WRONG DOOR' POLICY - Workgroup (CAO, CDC, CSS, DCFS, DHS, DMH, DPSS, LACOE, LAUSD, Library, Parks and Recreation, Probation, CIO, CPC, Community Partners, Families)			DHS		COMPLETED: <ul style="list-style-type: none"> ➤ RECOMMENDATIONS TO NDTF: <ol style="list-style-type: none"> 1. Most Commonly Required Documents (MCRD) 2. Outcomes Screening Tool (OST) 3. Universal Face Sheet (UFS) 4. Electronic Eligibility Determination 5. Asset Mapping IN-PROGRESS/REFERRED TO: <ul style="list-style-type: none"> ➤ CIO Asset Mapping Roundtable Project ➤ Data/Information Sharing
1.1	Identify and automate a menu of services offered by agencies, departments, and community partners – “What doors exist?”	5/1/01	Year 2			COMPLETED /REFERRED TO: CIO Asset Mapping Roundtable Project and Data/Information Sharing (Electronic Eligibility Determination), CAO Co-Location and Integration Strategies
1.1.1	Survey departments/agencies and collect data to include languages served, hours of operation, geographic distribution of service locations (random or contiguous), access to public transportation, provision of or plans to provide off-site services.	5/1/01	10/31/01	SIB	SIB	Instrument Developed and Pilot Tested
1.1.2	Develop criteria for determining what should be included in the menu of services.	5/1/01	10/31/01	SIB	SIB	COMPLETED
1.1.3	Create interactive database of children and family County services using a comprehensive menu of services.	12/3/01	Year 2	SIB		REFERRED TO: CIO Asset Mapping Roundtable Project
1.2	Determine need for additional access points and develop implementation plan.	5/1/01	Year 2	SIB		REFERRED TO: Co-Location and Integration Strategies Committee
1.2.1	Assess the feasibility of providing services at existing and new non-traditional sites, such as schools, family resource centers, or churches; or co-locating at more facilities. Resolve any State/church issues.	5/1/01	10/3/101	SIB	SIB	Partially Completed via Staff/Client Interviews
1.2.2	Identify access barriers which prevent/limit access to services, including geographic service boundaries.	10/1/01	Year 2	SIB	SIB	Partially Completed via Staff/Client Interviews
1.2.3	Develop an implementation plan to provide services at existing and new non-traditional sites based on the results of the feasibility study.	10/1/01	Year 2	SIB	DHS, DPSS	Insufficient data available from Interviews REFERRED TO: Co-Location and Integration Strategies Committee
1.2.4	Address oversight and control of non-traditional sites.	10/1/01	Year 2	SIB	DHS, DPSS	REFERRED TO: Co-Location and Integration Strategies Committee
1.3	Develop a single screening/intake eligibility review process for County agencies/departments and their partners.	5/1/01	Year 2			COMPLETED: MCRD Increase Resource Guide Distribution

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
1.3.1	Identify involved departments/agencies; Identify population to be served.	5/1/01	10/31/01	DPSS	SIB	COMPLETED
1.3.2	Collect and review current screening/intake eligibility forms to determine common data elements, new data elements to be collected, required data (County, State, etc.).	5/1/01	10/31/01	DPSS	SIB	COMPLETED
1.3.3	Determine the feasibility and benefit of single screening/intake eligibility forms. Consider "County Intake Services" and hotline to handle all intake issues.	8/1/01	10/31/01	DPSS	SIB	COMPLETED
1.3.4	If feasible and beneficial to the community/families, create single screening/intake eligibility review form. Determine whether the form should be on a real-time interactive database.	10/1/01	Year 2	DPSS	SIB	COMPLETED
1.3.5	Train all involved staff on usage of form. Staff must have knowledge and expertise to administer the form.	Year 2	Year 2			Pilot UFS
1.3.6	Implement screening/eligibility form for County use.	Year 2	Year 2			Pilot UFS
1.4	Create a universal needs assessment tool which is linked to financial eligibility criteria and identify trends in needs and gaps.	5/1/01	Year 2			COMPLETED: OST
1.4.1	Identify involved departments/agencies; Identify population to be served.	5/1/01	10/31/01	DHS	SIB	COMPLETED
1.4.2	Collect and review current assessment forms.	5/1/01	10/31/01	DHS	SIB	COMPLETED
1.4.3	Determine the feasibility and benefit of a universal needs assessment tool.	8/1/01	10/31/01	DHS	SIB	Pilot/Study OST
1.4.4	If feasible and beneficial to the community/families, create universal needs assessment tool. Determine whether the form should be on a real-time interactive database.	10/1/01	Year 2	DHS	SIB	COMPLETED: UFS OST
1.4.5	Train all involved staff on usage of form. Staff must have knowledge and expertise to administer the form.	Year 2	Year 2			Pilot/Study OST
1.4.6	Implement assessment tool for County use.	Year 2	Year 2			Pilot/Study OST
1.4.7	Based on data collected from assessment tool, identify needs to be addressed.	Year 2	Year 2			Pilot/Study OST
1.4.8	Create method to identify trends in needs and gaps in services, based on needs assessment data.	Year 2	Year 2			Pilot/Study OST
1.5	Develop methods to improve access to services.	5/1/01	Year 2			COMPLETED: MCRD REFERRED TO: CIO Asset Mapping Roundtable Project & Co-Location and Integration Strategies Committee
1.5.1	Evaluate the feasibility of a "lead case manager" to families receiving multiple services.	5/1/01	9/30/01	DPSS, DHS, DHR, CPC	SIB	COMPLETED: Lead Case Manager Model REFERRED TO: IFSS Design Team

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
1.5.2	Develop a plan to offer expanded hours of operation (24/7) for crucial services, as needed.	5/1/01	11/30/01	CPC, IOG	SIB	REFERRED TO: CIO Asset Mapping Roundtable Project, to further review issue
1.5.3	Develop a Communications Plan on how the community and families will be informed of service changes through print, voice, County and non-County Websites, or kiosks.	5/1/01	1/31/02	DHS, DHR	SIB	REFERRED TO: CIO Asset Mapping Roundtable Project
1.5.4	Evaluate the feasibility of placing Kiosks at County and non-County sites, libraries, malls, etc., to display menu; and review other existing technologies to distribute information. Information must be understandable and in the community's language.	10/1/01	Year 2	SIB	CIO	REFERRED TO: CIO Asset Mapping Roundtable Project
1.5.5	Develop an automated system-wide referral system.	12/3/01	Year 2	Prop 10	SIB, CIO	REFERRED TO: CIO Asset Mapping Roundtable Project and Data/Information Sharing
1.5.6	Develop multi-disciplinary training for department/agency staff to allow them to access a full range of services using the Countywide menu of services and referral system.	12/3/01	Year 2			IN-PROGRESS: County/DHR
1.5.7	Identify and begin implementing strategies to overcome access barriers.	1/1/02	Year 2	SIB	CIO	REFERRED TO: Co-Location and Integration Strategies Committee
1.5.8	Identify strategies and develop recommendations to improve services for Limited-English and hearing-impaired families receiving services.	1/1/02	Year 2	SIB	DPSS, DHS	IN-PROGRESS: County/DHR
1.5.9	Develop strategies to improve access to services through policy or legislative changes. This includes identifying any needed funding.	10/1/01	Year 2	DHS	SIB, DPSS	IN-PROGRESS: County/DHR
2	CUSTOMER SERVICE AND SATISFACTION - Workgroup (CAO, CDC, CSS, DCFS, DHS, DMH, DPSS, LACOE, LAUSD, Library, Parks and Recreation, Probation, DHR, ISD, CPC, Community Partners, Families (including seniors and emancipated youth, Labor Unions))			CPC		COMPLETED: ➤ RECOMMENDATIONS TO NDTF: 1. Customer Service and Satisfaction Standards 2. Principles of Family Support Practices (Principles for Partnership) IN-PROGRESS: ➤ DHR, Office of Civil Rights, Customer Service and Satisfaction Network (Network)
2.1	Ensure departments, agencies, and their partners, treat families with respect and professionalism and involve families in the development and ongoing implementation of customer-friendly service delivery systems.	5/1/01	Year 2			COMPLETED: Incorporated into recommendations to NDTF
2.1.1	Establish a process for getting input from families who have been served by County departments and their partners about acceptable standards of customer service.	5/1/01	8/31/01	CPC, IOG	SIB	COMPLETED: Incorporated into recommendations to NDTF

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
2.1.2	Establish standards for customer service.	5/1/01	8/31/01	CPC, IOG	SIB	COMPLETED: Submitted to NDTF
2.1.3	Establish guiding principles for partnering with communities and families, which are based on mutual respect and accountability.	5/1/01	11/30/01	CPC, IOG	SIB	COMPLETED: Submitted to NDTF
2.1.4	Consider literacy challenges and limited-English proficiency, and incorporate the need to address this issue in any related MOUs, contracts.	7/1/01	11/30/01	CPC, IOG	SIB	COMPLETED: Pending Office of Civil Rights presentation at 2/02 meeting
2.1.5	Establish a continual quality improvement process for receiving feedback from families, the community, service providers and staff.	7/1/01	11/30/01	CPC, IOG	SIB	COMPLETED: Incorporated into recommendations to NDTF
2.1.6	Evaluate current services to determine cultural competency.	9/1/01	Year 2	DPSS, SIB	DHR, Affirmative Action	IN-PROGRESS: DHR Office of Affirmative Action Compliance and CAO Employee Relations are reviewing cultural competency defined by Workgroup 2. Next Step is development of an assessment instrument.
2.2	Develop an improved capacity to evaluate and track staff's performance in the areas of customer service and satisfaction. (Work with the labor unions in this area.)	5/1/01	12/31/01			COMPLETED IN-PROGRESS: DHR – Task 2.2.2
2.2.1	Identify promising practices in the area of staff training.	5/1/01	7/31/01	DHR	SIB	COMPLETED: Presented San Diego County's promising practices to Workgroup 2 on 8/21/01. Surveying multi-disciplinary teams to develop list of competencies that will become the focus of customer service training for all employees. Report Pending from DHR.
2.2.2	Identify quality improvement standards and measures for evaluating staff.	5/1/01	8/31/01	DHR	SIB	IN-PROGRESS: DHR Customer Service and Satisfaction Standards to be submitted to NDTF
2.2.3	Determine the method to be used in evaluating staff. Evaluations should reflect how staff treat clients.	5/1/01	8/31/01	DHR	SIB, CPC	COMPLETED: Needs Assessment Survey. Report Pending from DHR.
2.2.4	Review hiring and selection process for hiring staff to get the best buy-in and assistance.	5/1/01	8/31/01	DHR	SIB	COMPLETED: This task was clarified as follows: "Recommend best hiring selection practices in the area of customer service." Recommendations were presented to Workgroup 2 on 12/31/01. Report Pending. From DHR
2.2.5	Develop guidelines to test process for achieving staff quality improvements.	8/1/01	12/31/01	DHR	SIB, A-C	COMPLETED: No action taken because task is driven by results of 2.2.2 and 2.2.3.
2.2.6	Develop monitoring systems to hold departments/agencies accountable to their customers, staff and community-based partners.	9/1/01	12/31/01	SIB	A-C	COMPLETED: Included in recommendations to NDTF

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
2.3	Ensure work environments are responsive to staff needs and promote customer service by better framing the importance of customer service. (Work with the labor unions in this area.)	5/1/01	Year 2			COMPLETED RESEARCH IN-PROGRESS: DHR, Customer Service and Satisfaction Network
2.3.1	Define role of staff in serving families and the community. Work should not be "just a job."	5/1/01	6/30/01	SIB	CPC, DHR, IOG	COMPLETED
2.3.2	Identify promising practices/what works related to service delivery models that help staff better manage workload and improve customer satisfaction. Look at State, federal and "grass roots" systems.	5/1/01	12/31/01	SIB	CPC, DHR, IOG	COMPLETED RESEARCH: Report Pending from DHR
2.3.3	Identify opportunities and develop a plan for partnering with community-based providers to better manage the workload and improve customer satisfaction.	5/1/01	10/31/01	CPC, IOG	SIB	COMPLETED
2.3.4	Evaluate facility environments for safety, comfort, and access.	5/1/01	11/30/01	DHR	SIB, ISD, CAO	COMPLETED: Develop draft facility guidelines that comply with ADA and OSHA requirements. Developed audit tool for assessment of compliance with annual security preparedness.
2.3.5	Establish standards that promote training, and provide the necessary tools, emotional support and incentives to reduce turnover of workers and ensure worker satisfaction/retention.	7/1/01	10/31/01	CPC, DHR	SIB	COMPLETED RESEARCH: In process of developing Countywide employee well-being (morale and satisfaction) survey. Report Pending from DHR.
2.3.6	Provide County line staff with training and support to improve levels of customer service, including personal development opportunities, opportunities to learn about multiple systems and approaches for serving children/families, and technical assistance.	10/1/01	Year 2	CPC, DHR	SIB	IN-PROGRESS: DHR and Customer Service & Satisfaction Network are in the process of assessing departmental customer service programs, pending the results of the needs assessment. Presently gathering information regarding multi-disciplinary teams.
2.3.7	Evaluate the feasibility of incentives for staff who develop creative ways to service clients.	12/3/01	Year 2	DHR	SIB	IN-PROGRESS: DHR and Customer Service & Satisfaction Network
2.4	Enhance system of family advocates by partnering with community-based resources (beyond community-based providers) to assist families in navigating through the service system.	7/1/01	Year 2			COMPLETED IN-PROGRESS: DHR and Customer Service & Satisfaction Network
2.4.1	Review promising practices in other jurisdictions and existing projects to see how family advocates could enhance the service delivery system.	7/1/01	1/31/02	CPC	SIB	COMPLETED: Presentation of findings to Workgroup at 3/02 meeting
2.4.2	Review services provided by community agencies to determine gaps, if any, that could be filled by family advocates.	10/1/01	1/31/02	CPC	SIB	COMPLETED: Review of findings at 3/02 meeting

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
2.4.3	Identify existing family advocates who work with multiple agencies. Determine whether these family advocates are voluntary or fee-based.	10/1/01	1/31/02	CPC	SIB	IN-PROGRESS: Review of findings at 3/02 meeting
2.4.4	Explore funding for family advocate functions and explore broadening that role if it becomes a viable option. Develop any necessary MOUs and contracts to include required contract monitoring.	10/1/01	1/31/02	SIB	CPC	Consider referring to Workgroup 5 for funding options and to CPC/FRC Rec.#4 Contracting Workgroup for contracting issues.
2.4.5	Develop a system to assign a lead case manager to families receiving multiple services with whom family advocates could work. (If determined appropriate by task 1.5.1.)	10/1/01	1/31/02	CPC, DPSS, DHS, DHR	SIB	IN-PROGRESS: Presentation of Lead Case Manager Model Report at 2/02 meeting
2.4.6	Provide joint training of family advocates and department/agency staff to increase understanding of roles, legal mandates and mission of agencies and their service population's needs.	10/1/01	Year 2	CPC, DHR	SIB	IN-PROGRESS: Consider referring to DHR and line departments for training component, and to CPC to assess possibility of including training on family support principles.
3	MULTI-AGENCY SERVICE DELIVERY - Workgroup (CAO, CDC, CSS, DCFS, DHS, DMH, DPSS, LACOE, LAUSD, Library, Parks and Recreation, Probation, CPC, Community Partners, New Directions/IOG Staff Development Workgroup, Labor Unions)			DPSS		COMPLETED: ➤ RECOMMENDATIONS TO NDTF: 1. Integrated Family Services System (IFSS) 2. Development of Consistent Countywide Contracting Processes IN-PROGRESS: DHR/Children's Planning Council-FRC Rec. 4, Consistent Contracting, IFSS Design Team
3.1	Compile an inventory of current County integrated, multi-agency service initiatives, such as Interagency Children's Service Consortium, and based on that data, develop a report on lessons learned to date from these initiatives.	5/1/01	10/31/01			COMPLETED
3.1.1	Define "integrated multi-agency service initiative."	5/1/01	6/30/01	SIB	DPSS, DHS, CPC	COMPLETED
3.1.2	Compile an inventory/matrix of the initiatives for departments/agencies and their partners.	5/1/01	8/31/01	SIB	SIB	COMPLETED
3.1.3	Develop criteria for reviewing/evaluating County and non-County systems and initiatives for the inventory.	5/1/01	8/31/01	SIB	SIB	COMPLETED
3.1.4	Review and evaluate existing multi-agency service systems and current initiatives within/among agencies/departments, and identify lessons learned in planning process and implementation. This would include reviewing current MOUs between departments.	7/1/01	10/31/01	SIB	SIB	COMPLETED

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
3.2	Develop policy and procedures, and a fiscal assessment for sharing existing resources across agencies/departments, including staffing, funding, facilities, translators, and other resources.	5/1/01	Year 2			COMPLETED IN-PROGRESS: DHR, CPC/FRC REC. 4, Contracting Simplification
3.2.1	Assess barriers, including job classification barriers and other limitations.	5/1/01	Year 2	CAO, DHR	SIB	IN-PROGRESS: DHR
3.2.2	Examine contractual relationships between departments and community agencies that may present a barrier for sharing resources.	5/1/01	Year 2	CAO, DHR	SIB	REFERRED TO: CPC/FRC REC. 4, Contracting Simplification
3.2.3	Broaden department job classifications which allow for career development.	5/1/01	Year 2	CAO, DHR	SIB	IN-PROGRESS: DHR
3.2.4	Develop the policy and procedures for use by departments/agencies.	5/1/01	Year 2	CAO, DHR	SIB	IN-PROGRESS: DHR
3.2.5	Assess barriers to sharing non-staffing related resources, i.e., facilities, translators, and other resources.	7/1/01	Year 2	CAO, DHR	SIB	IN-PROGRESS IFSS Design Team
3.3	Develop training and staff development for department/agency staff which would allow them to serve families using a multi-disciplinary team approach.	5/1/01	Year 2			COMPLETED IN-PROGRESS: DHR
3.3.1	Conduct a needs assessment of training/staff development needs for line staff.	5/1/01	10/31/01	DHR	SIB	COMPLETED
3.3.2	Provide a briefing for line staff on service integration efforts within the County.	5/1/01	Year 2	DHR	SIB	IN-PROGRESS: DHR
3.3.3	Evaluate and enhance the existing County cultural competency curriculum.	5/1/01	Year 2	Affirmative Action	DHR	IN-PROGRESS: DHR
3.3.4	Develop a Communication Plan for informing departments, agencies, community and families of pending changes at all steps of the process, i.e., planning, development, implementation.	5/1/01	Year 2	DHR, DHS	SIB	IN-PROGRESS: DHR, County Strategic Plan, IFSS Design Team, SIAP Team
3.3.5	Develop cross-training for multi-agency service delivery teams across County departments.	5/1/01	Year 2	DHR	SIB	IN-PROGRESS: DHR, County Strategic Plan, IFSS Design Team, SIAP Team
3.3.6	Develop focused training for line staff to increase interagency understanding of roles, legal mandates and mission of agencies and their service population needs. Include community reps as trainers.	7/1/01	Year 2	DHR, CPC	SIB	IN-PROGRESS: DHR, County Strategic Plan, IFSS Design Team, SIAP Team
3.3.7	Provide training to managers on how to support line staff.	7/1/01	Year 2	DHR	SIB	IN-PROGRESS: DHR, County Strategic Plan, IFSS Design Team, SIAP Team
3.3.8	Training curriculum for staff should include empathy training, and must have a customer service focus.	7/1/01	Year 2	DHR	SIB	IN-PROGRESS: DHR, County Strategic Plan, IFSS Design Team, SIAP Team
3.4	Develop strategies for delivering multi-agency services across agencies/departments and outline benefits to departments, agencies, community, and families.	5/1/01	Year 2			COMPLETED: IFSS

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
3.4.1	Consider creation of a "lead agency" and a ""lead case manager"" for a family.	5/1/01	9/30/01	DPSS, DHS, DHR, CPC	SIB	REFERRED TO: IFSS Design Team
3.4.2	Research and identify opportunities and gaps to providing multi-agency services.	9/1/01	Year 2	DPSS, CPC	SIB	COMPLETED
3.4.3	Solicit input from the community and families on the strategies.	10/1/01	2/28/02	DPSS, CPC	SIB	COMPLETED
3.4.4	Determine desired protocols to implement expanded multi-agency services, including multi-agency service teams.	10/1/01	Year 2	DPSS, CPC	SIB	REFERRED TO: IFSS Design Team
3.4.5	Develop a plan for integrating space and staff.	10/1/01	Year 2	DPSS, CAO, Space Mgmt.		REFERRED TO: IFSS Design Team
3.5	Develop an implementation plan for multi-agency service delivery with input from families and the community and identify performance measures.	Year 2	Year 2			REFERRED TO: IFSS Design Team
3.5.1	Develop the Implementation Plan outlining how the County will deliver multi-agency services among departments/agencies using input from departments, agencies, community and families.	Year 2	Year 2			REFERRED TO: IFSS Design Team
3.5.2	Identify performance measures to assess the impact of multi-agency services.	Year 2	Year 2			REFERRED TO: IFSS Design Team
4	DATA SHARING - Workgroup (CAO, CDC, CSS, DCFS, DHS, DMH, DPSS, LACOE, LAUSD, Library, Parks and-Recreation, Probation, County Counsel, ISD, CPC, Community Partners, Families, State)			SIB		COMPLETED: ID of entities that should share data, and purpose for/ability to share data IN-PROGRESS: Portions of Tasks 4.2, 3, 4 and 5
4.1	Identify departments/agencies/community partners that should share data, the purpose for sharing data, and the ability to share data.	5/1/01	11/30/01			COMPLETED
4.1.1	Identify all partners that need to share data (County and non-County).	5/1/01	7/31/01	SIB	CIO	COMPLETED
4.1.2	Define the purpose for sharing data; identify each shared data element and the reason data is needed/required.	5/1/01	7/31/01	SIB	CIO	COMPLETED
4.1.3	Identify and address confidentiality issues - the legality of those partners sharing data, while ensuring privacy rights. Address all barriers, such as, HIPAA.	5/1/01	7/31/01	SIB	County Counsel	COMPLETED
4.1.4	Develop a system that ensures "Informed Consent" regardless of adult or child, to the extent it is required by law.	9/1/01	11/30/01	SIB	County Counsel	COMPLETED
4.2	Conduct an assessment of existing hardware and software capabilities/limitations in impacted agencies.	8/1/01	1/31/02			COMPLETED
4.2.1	Identify the hardware and software that exists in each of the agencies (County and non-County).	8/1/01	1/31/02	SIB	CIO	COMPLETED

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
4.2.2	Identify the ability for Internet access.	8/1/01	1/31/02	SIB	CIO	IN-PROGRESS
4.2.3	Assess the ability to transfer data, exchange files, revise systems, etc.	8/1/01	1/31/02	SIB	CIO	IN-PROGRESS
4.2.4	Determine the need to interface with State and other existing databases.	8/1/01	1/31/02			IN-PROGRESS
4.3	Prepare a data dictionary and define a common terminology for all.	9/1/01	2/28/02			IN-PROGRESS
4.3.1	Create a data dictionary defining data elements and terms to be collected/shared.	9/1/01	2/28/02	SIB	CIO	IN-PROGRESS
4.4	Create a single identifier for persons receiving services.	9/1/01	2/28/02			IN-PROGRESS
4.4.1	Review systems that have developed a single case identifier across multiple departments.	9/1/01	11/30/01	CIO	SIB	IN-PROGRESS
4.4.2	Identify need for single identifier, define term and develop a methodology for identifying a person/family.	11/1/01	1/31/02	CIO	SIB	IN-PROGRESS
4.4.3	Develop a common core of case identifying information that would identify the child/family, the agency providing services, and a contact person within each agency.	12/3/01	2/28/02	CIO	SIB	IN-PROGRESS
4.4.4	Determine where the single identifier will reside.	1/1/02	2/28/02	CIO	SIB	IN-PROGRESS
4.5	Prepare Information Technology Plan for Data Sharing.	7/1/01	3/31/02			IN-PROGRESS
4.5.1	Identify client population for databases (all/some cases, and all/some records).	7/1/01	10/31/01			IN-PROGRESS
4.5.2	Determine involvement of the CPC's Data Partnership for Children & Families.	7/1/01	10/31/01	CIO	SIB, CPC	IN-PROGRESS
4.5.3	Prepare Plan summarizing the hardware, software, Internet access, and data elements to be collected and shared by County and non-County users.	9/1/01	2/28/02	CIO	SIB	IN-PROGRESS
4.5.4	Address the following within the plan: data integrity, data updates by all users, confidentiality, correction of data, frequency of updates, back-up plans in the event of data loss or system problems, client appeal process.	9/1/01	2/28/02	CIO	SIB	IN-PROGRESS
4.5.5	Define data types: internal, external, information only, confidential, partner agency utilization, etc.	10/1/01	2/28/02	SIB	CIO	IN-PROGRESS
4.5.6	Define security access and levels for County and non-County users. Identify who has capability to access what data. Ensure confidentiality and privacy rights are protected.	11/1/01	2/28/02	CIO	SIB	IN-PROGRESS
4.5.7	Establish timeline for implementation.	12/3/01	2/28/02	SIB, Prop 10, FFS Wkgrp.	CIO, ISD	IN-PROGRESS
4.5.8	Determine where the databases will reside, who will maintain, etc.	1/1/02	3/31/02	SIB, Prop 10, FFS Wkgrp.	CIO	IN-PROGRESS
4.5.9	Identify the solution for each of the databases, i.e., Interactive, internet, intranet, tape update, etc.	1/1/02	3/31/02	SIB, Prop 10, FFS Wkgrp.	CIO	IN-PROGRESS

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
4.5.10	Identify costs and staffing resources associated with implementing Information Technology Plan for Data Sharing. Consider costs for community-based agencies to access data.	1/1/02	3/31/02	SIB, Prop 10, FFS Wkgrp.	CIO	IN-PROGRESS
4.6	To support implementation of the Action Plan, create databases which will allow agencies to share data, track and evaluate the quality of services provided, refer persons to services in other agencies, and identify opportunities for leveraging funds.	12/3/01	Year 2			IN-PROGRESS
4.6.1	Develop Agreements (MOUs) with all users which defines scope of work, user responsibilities, type of data to be accessed, security levels, action to be taken when misused, etc.	12/3/01	3/31/02	SIB	CIO	IN-PROGRESS
4.6.2	Secure approval for funding of Information Technology Plan for Data Sharing.	2/1/02	Year 2	SIB, Prop 10, FFS Wkgrp.	CIO	IN-PROGRESS
4.6.3	Design databases to accomplish each of the goals within the Action Plan, and develop test databases prior to full implementation.	2/1/02	Year 2	SIB	CIO, ISD, SIB	IN-PROGRESS
4.6.4	Develop a process for updating the Information Technology Plan.	3/1/02	Year 2	CIO	SIB	IN-PROGRESS
4.6.5	Track trends in client access/receipt of services to identify future needs.	3/1/02	Year 2	SIB	CIO	IN-PROGRESS
4.7	Develop Training and Education Plan.	12/3/01	Year 2			IN-PROGRESS
4.7.1	Identify training population.	12/3/01	2/28/02	SIB	CIO	IN-PROGRESS
4.7.2	Identify trainers (County and non-County) and identify funding for this effort.	12/3/01	3/31/02	SIB	CIO	IN-PROGRESS
4.7.3	Develop Training Plan for all users of the databases.	12/3/01	Year 2	SIB	CIO	IN-PROGRESS
5	FUNDING FOR SERVICES - Workgroup (CAO, CDC, CSS, DCFS, DHS, DMH, DPSS, LACOE, LAUSD, Library, Parks and Recreation, Probation, Auditor-Controller, CPC, Community Partners, State)			IOG		COMPLETED: Departmental/Agency Funding Stream Survey IN-PROGRESS: Portions of Tasks 5.1, 2, 3 and 4
5.1	Identify funding streams in each department/agency.	5/1/01	3/30/02			IN-PROGRESS
5.1.1	Survey departments and agencies to identify program description, target population, eligibility requirements, and department/agency contact person for each funding stream.	5/1/01	1/31/02	FFS Wkgrp.	SIB	COMPLETED
5.1.2	Determine funding source, sharing ratios and funding restrictions.	5/1/01	3/15/02	FFS Wkgrp.	SIB	IN-PROGRESS
5.1.3	Create summary report of findings.	7/1/01	3/30/02	FFS Wkgrp.	SIB	IN-PROGRESS
5.2	Compile/harvest lessons learned in successful projects which have maximized funding by leveraging funds to enhance/expand the program.	5/1/01	4/30/02			IN-PROGRESS

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
5.2.1	Based on survey data, review successful projects within and outside of the County, and describe the effect and outcomes of those programs.	5/1/01	4/30/02	FFS Wkgrp.	SIB	IN-PROGRESS
5.2.2	Identify the administrative mechanism used for funding.	5/1/01	4/30/02	FFS Wkgrp.	SIB	IN-PROGRESS
5.2.3	Identify any barriers to leveraging funds.	7/1/01	4/30/02	FSS Wkgrp.	SIB	IN-PROGRESS
5.3	Identify opportunities to match/leverage funds between departments/agencies, as well as using outside funds, such as Prop 10, federal/foundation funds and grants.	9/1/01	3/31/02			IN-PROGRESS
5.3.1	Review data to identify opportunities to match or leverage funding between departments, agencies and community partners.	9/1/01	3/30/02	FFS Wkgrp.	SIB	IN-PROGRESS
5.3.2	Hire a consultant to identify opportunities beyond the local level. Identify funds that could be leveraged with State or Federal funds.	9/1/01	1/05/02	FFS Wkgrp.	SIB	IN-PROGRESS
5.3.3	Identify possible legislative or regulatory initiatives to enhance the ability to maximize and utilize funding.	2/1/02	3/30/02	FFS Wkgrp.	SIB	IN-PROGRESS
5.4	Develop guidelines for interagency funding.	10/1/01	Year 2			IN-PROGRESS
5.4.1	Define the process. Identify what departments/agencies must consider when leveraging funds. Address any applicable audit considerations.	10/1/01	5/30/02	FSS Wkgrp.	SIB	IN-PROGRESS
5.4.2	Explore the feasibility of a central unit to provide technical assistance in this area.	10/1/01	5/30/02	FSS Wkgrp.	SIB	IN-PROGRESS
5.4.3	Ensure departments/agencies consider opportunities to leverage funds. Prepare a checklist or matrix which would assist them in this effort, and post to interactive Website.	10/1/01	6/30/02	FSS Wkgrp.	SIB	IN-PROGRESS
6	PURSUING LONG-TERM SUCCESS - Workgroup (One representative from each New Direction's member agency and each SPA/AIC.)			CAO		COMPLETED: Coordination, Monitoring and Oversight
6.1	Develop Plan to Coordinate & Monitor Progress toward 5 Focus Areas.	5/1/01	8/31/01			COMPLETED
6.1.1	Determine process for organizing workgroups for each focus area including governance and performance accountability structure.	5/1/01	6/30/01			COMPLETED
6.1.2	Determine necessary resources to complete identified focus area tasks at County and non-County (including community) level.	5/1/01	6/30/01			COMPLETED
6.1.3	Identify reporting structure for each of the focus areas to report on their progress.	5/1/01	6/30/01			COMPLETED
6.1.4	Determine process for workgroups to advance issues that may impact other focus areas, necessitate further clarification, and/or require strategic direction setting or policy discussion.	5/1/01	6/30/01			COMPLETED
6.1.5	Confirm process for advising New Directions on the status of implementing the plan.	5/1/01	6/30/01			COMPLETED

SERVICE INTEGRATION ACTION PLAN FOR CHILDREN AND FAMILIES YEAR 1

Task No.	Task Name	Start Date	Finish Date	Lead	Support	STATUS
6.1.6	Have workgroups develop flow chart of tasks/objectives for each of the focus areas.	5/1/01	8/31/01			COMPLETED
6.2	Confirm Performance Measures for Service Integration.	5/1/01	Year 2			COMPLETED
6.2.1	Establish indicators for each of the five outcome areas.	5/1/01	7/31/01			COMPLETED
6.2.2	Establish performance measures for Service Integration Action Plan.	5/1/01	7/31/01			COMPLETED
6.2.3	Determine data collection, tabulation and reporting process.	6/1/01	7/31/01			COMPLETED
6.2.4	Identify data sources for indicators and performance measures.	6/1/01	7/31/01			COMPLETED
6.2.5	Present performance measures and implementation plan to New Directions for approval.	7/1/01	8/31/01			COMPLETED
6.2.6	Implement plan for reporting on performance measures.	8/1/01	Year 2			COMPLETED
6.3	Design and initiate a process for moving the County toward more profound levels of change, towards strategies and approaches that help to more fully realize the values and goals.	5/1/01	Year 2			COMPLETED: Principles for Partnering
6.3.1	Assess Values and Goals in relation to the five components of the Action Plan. Identify the steps in the plan that help realize the V and G. Develop a plan to address V and G which will not be substantially realized through current components of the plan.	7/1/01	8/31/01			COMPLETED
6.3.2	Identify opportunities and plans for system reform both small and large.	5/1/01	8/31/01			IN-PROGRESS
6.3.3	Identify process for resolving issues brought forward by workgroups that necessitate further clarification and/or require strategic direction setting or policy discussion.	5/1/01	8/31/01			IN-PROGRESS
6.3.4	Identify information/data needs to assess service population and breadth of services available for identifying opportunities for better managing the continuum of services to reduce demand for services through prevention.	5/1/01	8/31/01			IN-PROGRESS
6.3.5	Conduct feasibility analysis for determining which opportunities should be pursued.	8/1/01	12/31/01			IN-PROGRESS: SIAP Team
6.3.6	Conduct fit/gap analysis between departmental plans and opportunities.	1/1/02	Year 2			IN-PROGRESS/REFERRED TO: SIAP Team for fit-gap analysis
6.3.7	Develop action plan for identifying steps for pursuing opportunity.	Year 2	Year 2			IN-PROGRESS/REFERRED TO: SIAP Team

NARRATIVE ATTACH IV TASK STATUS-SIAP-2-27-02-NDTF.doc

SERVICE INTEGRATION ACTION PLAN

IDENTIFICATION OF REQUIRED DEPARTMENTAL RESOURCE ALLOCATIONS

RECOMMENDATIONS	HIGH	MEDIUM	LOW	REQUIRED DEPARTMENTAL IMPLEMENTATION RESOURCES
CUSTOMER SERVICE AND SATISFACTION STANDARDS	X			<ul style="list-style-type: none"> Executive Manager designation needed to oversee the implementation of uniform standards for the delivery of customer service to employees and customers served. Requires executive leadership's demonstration of commitment and accountability to customer service standards. DHR/Departmental staff to coordinate ongoing training and communication of established customer service standards to County departments, agencies, community partners, CBOs and County contractors.
PRINCIPLES OF FAMILY SUPPORT PRACTICES (PRINCIPLES FOR PARTNERSHIP)		X		<ul style="list-style-type: none"> Existing staff to work with family support practices, based on equality and mutual respect that contribute to family self-sufficiency. Existing staff to give high priority to increasing the family's capacity to meet its own needs by cultivating a network of peer relationships. Existing County health and human services staff and their community partners to adopt the following two principles as concrete ways to operationalize the Family Support Principles: 1) County departments and community-based organizations work to increase a family's capacity to meet its needs within networks of peer relationships, (e.g., other family members, friends, and members of the community); 2) County departments and community-based organizations work to increase a community's capacity to act on its own behalf.
MOST COMMONLY REQUIRED FEES AND DOCUMENTS MATRIX (MCRD)			X	<ul style="list-style-type: none"> Existing staff to assist customers through distribution of a list of agencies to contact for how and where to obtain required eligibility documents. Staff to conduct field test of MCRD form at designated County offices to determine if access to services is made easier. SIB staff to handle the translation, printing and distribution of the MCRD in English and threshold languages during the six-month evaluation period.
UNIVERSAL FACE SHEET (UFS) (Impact Conditioned by Pilot Project's size.)		X		<ul style="list-style-type: none"> Staff to field-test UFS, at designated County offices, to establish a uniform process for gathering information on family history and service needs. SIB/CIO staff to explore and develop processes to automate the completion, transmittal, and sharing of UFS data.
OUTCOMES SCREENING TOOL (OST) (Impact conditioned by Pilot Project's size.)		X		<ul style="list-style-type: none"> Staff to field-test the use of OST in County Departments, as a tool in the development of a multi-agency family service plan. SIB/CIO staff and Funding for Services Workgroup to develop and maintain database designed to track family progress and outcomes.
INTEGRATED FAMILY SERVICES SYSTEM (IFSS)	X			<ul style="list-style-type: none"> Staff to adopt the goal of strengthening family ties and working towards family reunification. SIB/Departmental staff/community partners/Design Team to develop and plan to establish the IFSS system for the population to be served.

SERVICE INTEGRATION ACTION PLAN

IDENTIFICATION OF REQUIRED DEPARTMENTAL RESOURCE ALLOCATIONS

RECOMMENDATIONS	HIGH	MEDIUM	LOW	REQUIRED DEPARTMENTAL IMPLEMENTATION RESOURCES
CONTRACTING SIMPLIFICATION		X		<ul style="list-style-type: none"> SIB staff to work with departmental contract staff to develop consistent Countywide Contract, RFP processes, Proposal Evaluation Rating Instruments, and contract monitoring processes. Existing staff to standardize contract procedures used by all County departments that let contracts for health and human services. Existing staff to utilize the ISD Countywide contract tracking system to encourage collaborative work efforts among agencies serving the same communities.
ASSET MAPPING ROUNDTABLE			X	<ul style="list-style-type: none"> Existing CIO/SIB/ISD staff to complete the multi-linked asset mapping database, designed to identify local health and human services agencies and offices, and provide directions to each site, via public and private transportation. CIO to chair and coordinate the collaborative efforts of SIB, and departmental GIS staff representatives, through the Design Team, which will meet on a monthly basis, to enhance the data sharing capability of the asset mapping roundtable. Existing CIO staff to increase awareness of availability of GIS technology among County departments, as a resource in the delivery of services to children and families.
LOS ANGELES SERVICES IDENTIFICATION AND REFERRAL SYSTEM (LASIR)		X		<ul style="list-style-type: none"> Existing CIO/SIB staff to explore the development of an Electronic Eligibility Determination application that will enable customers, at any point of entry in the County service system, to be advised of their potential eligibility for multiple program services. Existing CIO/SIB staff to develop a menu of available services for automated usage by County departments/agencies and community partners.
REVENUE MAXIMIZATION PLAN REVENUE MAXIMIZATION STRATEGY GUIDELINES AND PRINCIPLES FOR INTERAGENCY FUNDING		X		<ul style="list-style-type: none"> Departments/agencies (DHS, DMH, DCFS, Probation, CSS, DPSS, the Commission on Families and Children and Proposition 10) to identify and develop strategies that maximize Federal and State revenue on behalf of children and families. Department/agency staff to expand the use of Federal entitlement funding sources (Title IV-E Foster Care, Title XIX Medicaid-Targeted Case Management and Medicaid Administrative activities), to capture reimbursement to the County for services already provided. Health and human services delivery departments to review and alter current administrative practices and documentation procedures to satisfy administrative requirements of Federal funding source. County to advocate for change in State policies where they are more restrictive than Federal regulations. Departments to commit to interagency collaboration and exploration of revenue enhancement strategies in accordance with "Guidelines and Principles for Interagency Funding." Departments to support integrated data collection for the Children's Budget and the Children's Revenue Web Page.



Service Integration Action Plan Access to Services Performance Measures

	Quantity What We Do	Quality How Well We Do It
Effort/ Input	<p>Number of programs and departments/ agencies implementing a common eligibility screening tool for children and families</p> <p>Number of programs and departments/ agencies implementing a common family assessment tool</p> <p>Number of programs and departments/ agencies implementing an organized referral process to serve children and families</p>	<p>Percent of programs and departments/ agencies implementing a common eligibility screening tool for children and families</p> <p>Percent of programs and departments/ agencies implementing a common family assessment tool</p> <p>Percent of programs and departments/ agencies implementing an organized referral process to serve children and families</p> <p>Percent of programs and departments/ agencies implementing the common eligibility screening tool and common family assessment tool in threshold languages</p>
Effect/ Output	<p>Number of children and families who are aware of what services they are eligible to receive as a result of the common eligibility screening tool</p> <p>Number of children and families reporting an acceptable amount of time between their initial action to seek services and their receipt of services</p> <p>Number of staff reporting more effectively coordinated services across departments as a result of the common eligibility screening tool and common family assessment tool</p>	<p>Percent of children and families who are aware of what services they are eligible to receive as a result of the common eligibility screening tool</p> <p>Percent of children and families reporting an acceptable amount of time between their initial action to seek services and their receipt of services</p> <p>Percent of staff reporting more effectively coordinated services across departments as a result of the common eligibility screening tool and common family assessment tool</p> <p>Percent of children and families who felt they received services needed as determined by the common family assessment tool</p>

Note: Italics indicates that the measure is common to more than one workgroup. Threshold languages are those languages, which are primary for at least five percent of an agency's caseload at any one location.



Service Integration Action Plan

Customer Service and Satisfaction Performance Measures

	Quantity What We Do	Quality How Well We Do It
Effort/ Input	<p>Number of departments/agencies implementing customer service standards program</p> <p>Number of departments/agencies implementing system of family advocates</p>	<p>Percent of departments/agencies implementing customer service standards program</p> <p>Percent of departments/agencies implementing system of family advocates</p> <ul style="list-style-type: none"> • Family advocate to family ratio • Family advocates proficient in threshold languages • Implementation timeliness
Effect/ Output	<p>How Much Change</p> <p>Number of children and families who reported they were satisfied with the services they received in terms of:</p> <ul style="list-style-type: none"> • Appropriateness of services (meets their needs and needed services are available) • Timeliness of services • Competency of staff providing services • Safe, clean, and environmentally friendly department/agency facilities • Services improved their situation <p>Number of staff reporting job and work satisfaction in terms of:</p> <ul style="list-style-type: none"> • Adequate supplies and physical environment supports • Effective training • Guidance and support from supervisor • Meeting the needs and achieving good outcomes for their customers <p>Number of complaints regarding delivery of inappropriate services</p>	<p>Quality of Change</p> <p><i>Percent of children and families who reported they were satisfied with the services they received in terms of:</i></p> <ul style="list-style-type: none"> • <i>Appropriateness of services (meets their needs and needed services are available)</i> • <i>Timeliness of services</i> • <i>Competency of staff providing services</i> • <i>Safe, clean, and environmentally friendly department/agency facilities</i> • <i>Services improved their situation</i> <p><i>Percent of staff reporting job and work satisfaction in terms of:</i></p> <ul style="list-style-type: none"> • <i>Adequate supplies and physical environment supports</i> • <i>Effective training</i> • <i>Guidance and support from supervisor</i> • <i>Meeting the needs and achieving good outcomes for their customers</i> <p>Percent of complaints regarding delivery of inappropriate services</p>

Note: Italics indicates that the measure is common to more than one workgroup. Threshold languages are those languages, which are primary for at least five percent of an agency's caseload at any one location.



Service Integration Action Plan Multi-agency Services Performance Measures

	Quantity What We Do	Quality How Well We Do It
Effort/ Input	<p>Number of training hours provided jointly by multiple agencies to multi-agency groups of line staff and supervisors</p> <p>Number of County/contractor facilities where services from multiple agencies are offered</p> <p>Number of multi-agency teams that share and integrate resources in delivery of multi-disciplinary services</p>	<p>Percent of training hours provided jointly by multiple agencies to multi-agency groups of line staff and supervisors</p> <p>Percent of County/contractor facilities where services from multiple agencies are offered</p>
Effect/ Output	How Much Change	Quality of Change
	<p>Number of children and families who receive services from multiple programs and/or departments/agencies whose services are integrated and/or coordinated services</p> <p>Number of staff reporting improved ability to serve families through multi-agency trainings</p> <p>Number of children and families seen at a single location by multi-agency staff</p>	<p><i>Percent of children and families who received integrated and/or coordinated services that report they were satisfied with the services they received in terms of:</i></p> <ul style="list-style-type: none"> • <i>Appropriateness of services (meets their needs and needed services are available)</i> • <i>Timeliness of services</i> • <i>Competency of staff providing services</i> • <i>Safe, clean, and environmentally friendly department/agency facilities</i> • <i>Services improved their situation</i> <p><i>Percent of staff participating in multi-agency services that report job and work satisfaction in terms of:</i></p> <ul style="list-style-type: none"> • <i>Adequate supplies and physical environment supports</i> • <i>Effective training</i> • <i>Guidance and support from supervisor</i> • <i>Meeting the needs and achieving good outcomes for their customers</i> <p>Percent of families seen at a single location by multi-agency staff that report:</p> <ul style="list-style-type: none"> • Access convenience • Services improved their situation

Note: Italics indicates that the measure is common to more than one workgroup. Threshold languages are those languages, which are primary for at least five percent of an agency's caseload at any one location.



Service Integration Action Plan Data Sharing Performance Measures

	Quantity What We Do	Quality How Well We Do It
Effort/ Input	<p>Number of departments/agencies with the following data sharing capabilities:</p> <ul style="list-style-type: none"> • Hardware access • Software access • Internet access <p>Number of automated data set interfaces and systems which enable agencies to share data for:</p> <ul style="list-style-type: none"> • Tracking and evaluating services • Referrals to other departments/agencies for service • Case management services <p>Number of staff provided training on confidentiality provisions and permissible data sharing</p>	<p>Percent of departments/agencies with the following data sharing capabilities:</p> <ul style="list-style-type: none"> • Hardware access • Software access • Internet access <p>Percent of automated data set interfaces and systems which enable agencies to share data for:</p> <ul style="list-style-type: none"> • Tracking and evaluating services • Referrals to other departments/agencies for service • Case management services <p>Percent of staff provided training that demonstrate knowledge on confidentiality provisions and permissible data sharing</p>
Effect/ Output	How Much Change	Quality of Change
	<p>Number of staff able to access useful automated data</p> <p>Number of staff reporting improved ability to provide services due to access to information</p>	<p>Percent of staff able to access useful automated data</p> <p>Percent of staff reporting improved ability to provide services due to access to information</p>

Note: Italics indicates that the measure is common to more than one workgroup. Threshold languages are those languages, which are primary for at least five percent of an agency's caseload at any one location.



Service Integration Action Plan Funding for Services Performance Measures

	Quantity What We Do	Quality How Well We Do It
Effort/ Input	<p>Number of funding streams and total dollars accessed by more than one department</p> <p>Number of program/fiscal administrators who are able to access comprehensive funding stream information</p>	<p>Percent of funding streams and total dollars accessed by more than one department</p> <p>Percent of program/fiscal administrators who are able to access comprehensive funding stream information</p>
Effect/ Output	<p>How Much Change</p> <p>Number of Federal and State dollars drawn down through new or expanded programmatic initiatives or funding strategies</p> <p>Number of Federal/State dollars returned unused</p> <p>Number of CBOs contracted to deliver services who report improved circumstances due to the process by which they:</p> <ul style="list-style-type: none"> Learn about funds Apply for funds Receive funds Use funds Account for funds 	<p>Quality of Change</p> <p>Amount of expanded client services resulting from the increase in Federal and State dollars drawn down through new or expanded programmatic initiatives or funding strategies</p> <p>Percent of Federal/State dollars returned unused</p> <p>Percent of CBOs contracted to deliver services who report improved circumstances due to the process by which they:</p> <ul style="list-style-type: none"> Learn about funds Apply for funds Receive funds Use funds Account for funds

Note: Italics indicates that the measure is common to more than one workgroup. Threshold languages are those languages, which are primary for at least five percent of an agency's caseload at any one location.

MOTION TO APPROVE SERVICE INTEGRATION ACTION PLAN RECOMMENDATIONS

(APPROVED BY NDTF)

June 11, 2002

On February 13, 2001, the New Directions Task Force (NDTF) approved the Service Integration Action Plan (SIAP) to make substantial progress toward an integrated service delivery system for improving outcomes for children and families.

In accordance with the SIAP, County departments and community representatives have researched, identified, and analyzed: populations to be served; customer service needs; work environment and staff training needs; access-barriers; multi-agency service programs; promising practices; policies, regulations, and procedures; partnering concepts; data technology; and funding resources in support of implementing the SIAP.

The SIAP implementation recommendations presented for approval are linked with other service integration activities, within and across agencies, including the County Strategic Plan and the performance measures created as a result of the SIAP. These recommendations will positively impact and change the way the County does business, as well as support the following shared County department theme and the SIAP values and goals:

- to become more consumer/client-focused;
- to value community partnerships and collaborations;
- to emphasize social values and integrity; and
- to use a strengths-based and multi-disciplinary team approach in the delivery of services.

THEREFORE, I MOVE THAT THE NEW DIRECTIONS TASK FORCE AND ITS MEMBER AGENCIES:

1. Approve the recommendation and implementation plan for the Most Commonly Required Fees/Documents Matrix, which includes agencies confirming the comprehensiveness and accuracy of information and ensuring its distribution among County departments, community partners, and the public; and
2. Approve the recommendation and implementation plan for piloting the Universal Face Sheet within LTFSS Project #38 (Case Planning and Inventory Teams), Family Resource Centers, and/or one County department for up to six months and evaluate its use as a standardized intake instrument; and
3. Adopt the Customer Service and Satisfaction Standards (Standards) as the acceptable performance level for providing services to children and families served by the County's health and human services agencies and their community partners, and approve the recommendation and implementation plan for communicating, implementing, evaluating, and recognizing the achievement of the Standards.
4. Support the approved SIAP recommendations by providing necessary resources; continuing executive leadership involvement; ensuring the active participation of appropriate agency staff in implementation activities; and working collaboratively with lead agencies to successfully implement and evaluate the impact of the recommendations in achieving the SIAP values and goals.



Service Integration Action Plan Recommendation Submittal Form

Workgroup 6 is responsible for updating the New Directions Task Force (NDTF) on the progress of the workgroups and the overall implementation status of the Action Plan. In support of implementing the Action Plan, recommendations may need to be presented to NDTF to secure a commitment to move forward on either the substance and/or the progress of an action step. Recommendations are to be action-oriented and may be presented to adopt new policy, set strategic direction, substantially change the Action Plan, secure the allocation of additional resources to support implementation, and/or secure the commitment to implement new business processes within or among departments. This form should be used to present the context of the recommendation.

Recommendation SIAP Task #: 1.5.4, 1.5.7 NDTF Approval Needed: Yes

The Access to Services Workgroup developed the Most Commonly Required Fees/Documents Matrix (MCRD) for use by County and non-County service providers. The Workgroup recommends that the MCRD be reviewed for comprehensiveness and accuracy of information. (D.5) The Workgroup also developed a chart on the reverse side of the MCRD, to assist clients and service providers in obtaining missing documents/forms (i.e., birth certificate, social security card, etc.). The chart instructs clients where to go to obtain missing documents.(D.6) The workgroup recommends wide distribution of the two-sided MCRD throughout Los Angeles County departments and their community partners, libraries, Sheriff's stations, etc.(D.7)

Purpose of the Recommendation

(Include the rationale, what will be achieved, and benefits)

One of the biggest barriers to accessing services is a lack of understanding by clients of exactly what documents are required to determine eligibility for various programs. The Access to Services Workgroup created the MCRD, a matrix displaying which personal documents are required to apply for major County-administered service programs. The reverse side of the MCRD lists the agencies to contact to obtain the necessary documents if the client does not have copies.

The MCRD was the result of a collaborative effort of Access to Services Workgroup representatives from various departments/agencies. In an effort to make County services easier to access, the document was created as a single reference sheet that would help families and staff understand what documents are necessary to apply for specific County-administered programs and where to go to obtain the necessary documents. It enables multiple departments access to program eligibility information which would be useful to County and non-County staff, however, the accuracy of the form has not been tested.

Linkages

What is the linkage between the recommendation and the Service Integration Action Plan Performance Measures, the County's Strategic Plan, and other Workgroups?

The MCRD and the reverse side of the form, Where to Access the Most Commonly Required Documents, are compatible with the *Values and Goals of the Service Integration Plan*, as follows:

- Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals.
- County agencies and their partners focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices, while also protecting the privacy rights of families.

SIAP Access to Services Performance Measures:

Note: SIAP Performance Measures will need to be updated to reflect this recommendation.

Impact

What departments/agencies are impacted by the recommendation and what commitment is needed from each of them?

Use of the MCRD has the potential to impact all County departments, as well as community agencies that refer/assist children and families to obtain needed services.

For purposes of the pilot, the Service Integration Branch will provide copies to participating agencies/departments in the threshold languages. Commitment of County departments is needed to maintain necessary copies of the MCRD in threshold languages, stock it, and, as necessary, reproduce it in sufficient quantity to ensure supplies are available. Community organizations have a similar commitment, although it should be the County that provides the non-English translations.

Implementation Plan

What is the plan for implementing the recommendation and what is needed to support implementation of the recommendation?

Although several departments were involved in the creation of the MCRD, the form still needs to be cleared and tested for accuracy by County staff, community providers, and families to determine if the form should be modified in any way, and to test the form's value to families seeking services and requiring documents. First, the form will be cleared with County departments for accuracy. The field test will then take place in three phases, all of which are dependent on the results of the previous phase.

Phase I: Field Test

The field test will be used to determine:

- The usefulness of the listed data elements; and
- If the listed programs are the most common across County departments.

Phase II: Evaluation and Modification

In Phase II, the MCRD field test results will be tabulated/evaluated and the form will be revised, as necessary. Shortly thereafter, the modified MCRD will be presented to Workgroup 6 for approval to proceed with implementation and release plans (and to the New Directions Task Force for approval, if necessary).

Phase III, Implementation of the MCRD

In Phase III, one of the following may be requested:

- 1) The Customer Service and Satisfaction Workgroup consider adding to their Customer Service and Satisfaction Standards the availability of Resource Guides and Most Commonly Required Fees and Documents Matrix at all County and partner offices.
- 2) All necessary implementation steps will need to be taken to ensure distribution of the MCRD by County, non-County, and Community-Based intake agencies. These steps include:
 - Obtaining a camera-ready copy of the form in English;
 - Translating the MCRD into threshold languages and having camera-ready copy prepared in the languages;
 - Forwarding the camera-ready copy to County departments for their printing and distribution; and
 - Forwarding the above to non-County and Community-Based Organizations in hard copy for their duplication. These organizations will also be provided with the form on disk, in the event they prefer to reproduce via computer, rather than sending the form to a professional printer.

Approval Date:

Comments:

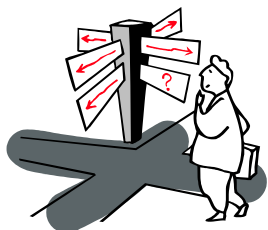
REC SUBMIT FORM WKGP 1-MCRD-SIAP.doc

MOST COMMONLY REQUIRED DOCUMENTS **KEY COUNTY OF LOS ANGELES HEALTH & HUMAN SERVICES PROGRAMS**



	ACCESS FOR INFANTS AND MOTHERS (AIM) (800) 433-2611	CHILD HEALTH & DISABILITY PREVENTION PROGRAM (800) 993-2437	FAMILY PLANNING PROGRAM (800) 942-1054	HEALTHY FAMILIES (888) 747-1222	LIMITED MEDI-CAL (877) 597-4777	SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (800) MEDICARE	CALWORKS (888) 393-5327	CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) (877) 481-1044	FOOD STAMPS (877) 597-4777	GENERAL RELIEF (877) 481-1044	IN-HOME SUPPORTIVE SERVICES (IHSS) (888) 944-IHSS	WOMEN, INFANT AND CHILDREN (888) WIC-BABY	CHILD SUPPORT (800) 615-8858	MENTAL HEALTH (800) 854-7771
	HEALTH						INCOME SUPPORT						OTHER SERVICES	
PROGRAM FEES/CO-PAYMENT	✓			✓										
Required Documents														
Birth Certificate (for each applicant)				✓			✓	✓		✓	✓			
Resident Alien Card (If not a US Citizen) or other residency documents				✓			✓	✓	✓	✓	✓			
Proof of California Residency: Driver's License, State ID Card or current letter mailed to you at your address			✓	✓	✓		✓	✓	✓	✓	✓			
Social Security Card					✓	✓		✓	✓	✓	✓		✓	✓
Medicare Card or other health insurance card	✓	✓	✓		✓		✓		✓	✓	✓		✓	✓
Marriage Certificate							✓			✓	✓			
School Enrollment/Attendance Papers							✓			✓				
If pregnant or applying for unborn child, Proof of Pregnancy	✓		✓	✓	✓		✓		✓	✓		✓		
Proof of Income	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓
<u>If unearned income:</u> child support and/or spousal support award letter, copies of check received or statement from Child Support Services Department for last month													✓	
Proof of Resources: all current bank statements, property statements, auto registrations, life and/or burial insurance policies, life estate agreement							✓	✓		✓	✓			
Proof of Expenses	✓			✓	✓		✓	✓	✓	✓				
Proof of Deductions: work clothing and transportation costs, current taxes, medical insurance, etc.	✓			✓	✓		✓		✓	✓				
PROOF OF INCOME & EXPENSES:														
INCOME							EXPENSES							
If employed: copy of most recent pay stub with name of employer and person who worked OR Signed statement from employer with gross monthly income stated and dates received							For care of a child or disabled adult: receipts, bill or cancelled checks that show name of the person cared for, cost of care, and the name of the person who paid for the care							
If self-employed: copy of last year's federal income tax return (with Schedule C) or last 3 months' profit and loss statements							For housing and utility costs: receipts or bills that show user's name and amount due							
If disabled or retired: copies of award letters or bank statements showing direct deposits							For medical costs for the disabled or persons age 60 or older: bills, receipts, or cancelled checks that show the name of the person who incurred the expense, cost and name of person who paid for the care							
If currently receiving benefits: proof of the amount (i.e. unemployment insurance, Social Security, workers compensation, or veteran income checks)							For court ordered support payments: receipts, cancelled checks or money orders that show who the payment was for and the amount paid							
If income from a loan: copy of loan papers with the name of person who is receiving the loan and the amount							For self employed: signed receipts, cancelled checks or statements from whom you get your supplies							

*For additional copies of this form, please log on to the Chief Administrative Office, Service Integration Branch at cao.co.la.ca.us



WHERE TO ACCESS THE MOST COMMONLY REQUIRED DOCUMENTS

<i>DOCUMENT</i>	<i>DEPARTMENT</i>	<i>PHONE NO. & WEBSITE ADDRESS</i>
Birth, Death, and Marriage Certificates	Registrar Recorder/ County Clerk Department Headquarters 12400 Imperial Highway Norwalk, CA 90650	1-800-201-8999 www.lavote.net
Resident Alien Cards or other Residency Documents	Immigration and Naturalization Services Department of Justice (INS)	1-800-375-5283 www.ins.usdoj.gov
Proof of California Residency: Driver's License, State ID	California Department of Motor Vehicles (DMV)	1-800-777-0133 www.dmv.ca.gov
Social Security Card	Social Security Administration (SSA)	1-800-772-1213 www.ssa.gov
Copies of Income Tax Return	Internal Revenue Service (IRS)	1-800-829-1040 www.irs.gov
Child Support Documents	Child Support Services Department	1-800-615-8858 childsupport.co.la.ca.us

KEY COUNTY OF LOS ANGELES HEALTH & HUMAN SERVICES PROGRAMS

- ACCESS FOR INFANTS AND MOTHERS
(800) 433-2611
- CHILD HEALTH & DISABILITY PREVENTION PROGRAM
(800) 993-2437
- FAMILY PLANNING PROGRAM
(800) 942-1054
- HEALTHY FAMILIES
(888) 747-1222
- LIMITED MEDI-CAL
(877) 597-4777
- SPECIFIED LOW-INCOME MEDICARE BENEFICIARY
(800) MEDICARE (633-4227)
- CALWORKs
(888) 393-5327
- CASH ASSISTANCE PROGRAM FOR IMMIGRANTS
(877) 481-1044
- FOOD STAMPS
(877) 597-4777
- GENERAL RELIEF
(877) 481-1044
- IN-HOME SUPPORTIVE SERVICES
(888) 944-IHSS (944-4477)
- WOMEN, INFANT AND CHILDREN
(888) WIC-BABY (942-2229)
- CHILD SUPPORT SERVICES
(800) 615-8858
- MENTAL HEALTH
(800) 854-7771



Workgroup: Access to Services

Date submitted: 2/27/02

Service Integration Action Plan Recommendation Submittal Form

Workgroup 6 is responsible for updating the New Directions Task Force (NDTF) on the progress of the workgroups and the overall implementation status of the Action Plan. In support of implementing the Action Plan, recommendations may need to be presented to NDTF to secure a commitment to move forward on either the substance and/or the progress of an action step. Recommendations are to be action-oriented and may be presented to adopt new policy, set strategic direction, substantially change the Action Plan, secure the allocation of additional resources to support implementation, and/or secure the commitment to implement new business processes within or among departments. This form should be used to present the context of the recommendation.

Recommendation SIAP Task #: 1.3.1, 1.3.2, 1.3.3, 1.3.4

NDTF Approval Needed: Yes

Pilot the Universal Face Sheet (UFS) in the LTFSS Project #38 (Case Planning and Inventory Teams), FRCs, and/or one department for up to six months as a potential first intake step for some or all County departments.

Purpose of the Recommendation

(Include the rationale, what will be achieved, and benefits)

The Access to Services Workgroup began by concluding that a key first step in developing a standard intake procedure across County departments and for use by community partners would be to create a UFS, a document that would serve as the "top sheet" in all County client charts. This document contains basic information about the client and his/her family that is currently asked by most service systems.

With the UFS, core identifying and factual information will no longer have to be included on the numerous other forms that typically comprise a County departmental intake packet. These additional intake forms can, therefore, be shortened considerably by excluding information already contained in the UFS. Using the same face sheet across County departments and agencies provides a common service application tool, which, in turn, permits an easier and more efficient exchange of information about clients among service providers and becomes an important basis for interdepartmental and interagency referrals and collaboration. A UFS will also significantly simplify the application process for clients requiring services from multiple providers and alleviates the burden on clients to provide the same basic information repeatedly.

Linkages

What is the linkage between the recommendation and the Service Integration Action Plan Performance Measures, the County's Strategic Plan, and other Workgroups?

The UFS is compatible with the *Values and Goals of the SIAP*, as follows:

- There is no “wrong door:” wherever a family enters the system is the right place.
- County agencies and their partners create incentives to reinforce the direction toward service integration and a seamless service delivery system.
- County agencies and their partners focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of families.

The UFS is linked to the *SIAP Access to Service Performance Measures*, as follows:

- Percent of programs and County departments/agencies implementing an organized referral process to serve children and families.
- Number of programs and County departments/agencies implementing an organized referral process to serve children and families.

The UFS is linked to the *SIAP Workgroup 3*, as follows:

Workgroup 3: Multi-Agency Service Delivery – Task 3.4: Develop strategies for delivering multi-agency services across agencies/departments and outline benefits to County departments, agencies, community, and families.

Impact

What departments/agencies are impacted by the recommendation and what commitment is needed from each of them?

Use of the UFS has the potential to impact all County departments, as well as community agencies that refer/assist families and children to obtain needed services. The UFS will benefit the consumer and ease the work of County staff.

Implementation Plan

What is the plan for implementing the recommendation and what is needed to support implementation of the recommendation?

Phase I: Clearance/Field Test and Approval to Pilot of UFS

- Clear UFS with County Counsel, County departments, and community organizations in regard to data elements.
- Evaluate responses received.
- UFS Clearance/Field Test results will be tabulated/evaluated and the form will be revised, as necessary.
- Shortly thereafter, the modified UFS will be presented to Workgroup 6 for approval to pilot and, if necessary, referred to the NDTF for approval.

Phase II: Implementation of the UFS Pilot

In Phase II, all necessary implementation steps will need to be taken to pilot the use of the UFS by County departments and community partners. These steps include, but are not limited to:

- Design of a pilot evaluation instrument;
- Determination of the test population;

- Development of procedures for use of the UFS;
- Production of the UFS by professional printer, or through electronic means;
- Preparation of pilot instructions;
- Development of training for use of the UFS; and
- Evaluation of the pilot.

This recommendation is being forwarded to the Data/Information Sharing Workgroup as a first phase of their data sharing development across County departments and/or programs of a Universal Identifier.

Approval Date:

Comments:

REC SUBMIT FORM WKGP 1-OST-SIAP.doc

UNIVERSAL FACE SHEET

FAMILY MEMBERS - ADULT

1	Applicant or Caretaker's Name (First, Middle, Last)				Applicant/Caretaker Relationship to Children				
	What service(s) would you like to receive?								
	Adult:				Child:				
	Social Security Number		Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Living Together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated (Date) _____			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date:	
	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Paid Training <input type="checkbox"/> Hours per week: _____		<input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Date of Disability: _____		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: _____		Served in the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Home Address (Number and Street)				City		Zip Code		
	Mailing Address (If different from above)				City		Zip Code		
	(Area Code) Home Phone () ()		(Area Code) Work Phone () ()		(Area Code) Message Phone () ()		Person with whom to leave a message:		
							Email Address:		
	Ethnic Group (Check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Armenian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other Asian or Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____								
Primary Language <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify): _____									
2	Spouse/Other Parent (First Middle, Last)				Relationship to Children				
	Social Security Number		Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Living Together <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated (Date) _____			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date:	
	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Paid Training <input type="checkbox"/> Hours per week: _____		<input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Date of Disability: _____		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: _____		Served in the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Home Address (Number and Street)				City		Zip Code		
	Mailing Address (If different from above)				City		Zip Code		
	(Area Code) Home Phone () ()		(Area Code) Work Phone () ()		(Area Code) Message Phone () ()		Person with whom to leave a message:		
							Email Address:		
	Ethnic Group (Check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Armenian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other Asian or Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____								
	Primary Language <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Mandarin <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify): _____								

LIST CHILDREN HERE (Family Members Only. List Other People on Question 6)

3	Child's Name (First, Middle, Last)				Relationship to Applicant				
	Social Security Number		In School <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date:		
							Date of Disability: _____		
	Father's Name		Is Father: <input type="checkbox"/> Deceased <input type="checkbox"/> Incapacitated <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed		Mother's Name		Is Mother: <input type="checkbox"/> Deceased <input type="checkbox"/> Incapacitated <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed		
	Child living in Home <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnic Group (Check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Armenian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other Asian or Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____						
	4	Child's Name (First, Middle, Last)				Relationship to Applicant			
		Social Security Number		In School <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date:	
								Date of Disability: _____	
		Father's Name		Is Father: <input type="checkbox"/> Deceased <input type="checkbox"/> Incapacitated <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed		Mother's Name		Is Mother: <input type="checkbox"/> Deceased <input type="checkbox"/> Incapacitated <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed	
		Child living in Home <input type="checkbox"/> Yes <input type="checkbox"/> No		Ethnic Group (Check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Armenian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other Asian or Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____					

CHILDREN CONT.	5	Child's Name (First, Middle, Last)			Relationship to Applicant		
	Social Security Number		In School <input type="checkbox"/> Yes <input type="checkbox"/> No Grade: _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: _____	<input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Physically Disabled Date of Disability: _____	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No Due Date: _____
	Father's Name		Is Father: <input type="checkbox"/> Deceased <input type="checkbox"/> Incapacitated <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed		Mother's Name		Is Mother: <input type="checkbox"/> Deceased <input type="checkbox"/> Incapacitated <input type="checkbox"/> Absent <input type="checkbox"/> Unemployed
	Child living in Home <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnic Group (Check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Armenian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other Asian or Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____					
OTHERS IN HOME	6	Is there anyone living in your home that you did not list? If yes, list name and relationship:					
	Name		Relationship				
HEALTH INSURANCE	7	Is anyone currently covered by health/dental insurance or Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No Who Pays _____ Monthly Amount _____					
	List Name(s)						
	List Name of Insurance						
ADDITIONAL INFORMATION	8	Additional Information:					
OTHER SERVICES	9	Do you or any family member have a physical or emotional problem which makes it difficult to work or take care of personal needs? If yes, list name(s)					
	10	Are you currently receiving any health or social services? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, please list:					
	11	Do you want to talk to a worker about other services which may be available to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly describe:					
CERTIFICATION	CERTIFICATION I understand that it is important to provide information on this Universal Face Sheet and any of its supplemental form(s) that is true and correct, and I have done so to the best of my abilities. If any information is not correct, I understand that it may affect my ability to receive services.						
	Signature of Applicant/Beneficiary				Date		
	Signature of Person Helping Applicant Fill Out the Form				Date		
	Phone Number		Relationship to Applicant/Beneficiary				
	Signature of Interpreter				Date		
	Phone Number		Relationship to Applicant/Beneficiary				
WAIVER	WAIVER For the purposes of receiving services, I give permission to share this information with other service providers.						
	Signature of Applicant				Date		

of Attachments:



Service Integration Action Plan Recommendation Submittal Form

Workgroup 6 is responsible for updating the New Directions Task Force (NDTF) on the progress of the workgroups and the overall implementation status of the Action Plan. In support of implementing the Action Plan, recommendations may need to be presented to NDTF to secure a commitment to move forward on either the substance and/or the progress of an action step. Recommendations are to be action-oriented and may be presented to adopt new policy, set strategic direction, substantially change the Action Plan, secure the allocation of additional resources to support implementation, and/or secure the commitment to implement new business processes within or among departments. This form should be used to present the context of the recommendation.

Recommendation SIAP Task #: 2.1.1, 2.12, 2.15, 2.2.6, 2.3.4 NDTF Approval Needed: Yes

Adopt the Customer Service and Satisfaction Standards (Standards) (Attachment A) as the acceptable performance level for providing services to children and families served by the County's health and human services agencies and their community partners.

Establish the processes necessary to communicate and implement the Standards and to measure, evaluate, and recognize progress in achieving them.

Purpose of the Recommendation

(Include the rationale, what will be achieved, and benefits)

Rationale:

This recommendation responds to the issues, opportunities, and concerns that Workgroup 2: Customer Service and Satisfaction learned about from families who receive services from the County, from research in customer service and satisfaction, and from the experience of the Workgroup 2 members (Attachment B).

- ☐ *Customers* judge the quality of the technical services and professional care and treatment they receive by their perceptions of how they were served, and how well the services they received met their needs.
- ☐ *Customer service excellence* encompasses the way that staff performs their work as well as the effectiveness of that effort. It includes, "personal service delivery" – the way service delivery team members, including volunteers, interact with customers while providing services; "service access" – how easy it is for customers to access the services they want and how long they have to wait for services; and the "service environment" – whether the places they go for services are clean, safe, and welcoming.
- ☐ *Customer satisfaction* is the customer's perception of the three elements: personal service delivery, service access, and service environment.
- ☐ Respect, courtesy, cultural competence, and the ability to communicate with families in their primary languages are all building blocks to establishing the foundation for a

trusting relationship with a family. Families described these aspects of personal service delivery as the most important to them in judging the overall quality of the services they received and in helping them to establish a trusting relationship with the service delivery team.

- ❑ Families reported that their ability to establish a trusting relationship with someone in the agency made all the difference in the family's belief that they would receive the support they needed to help themselves and their family improve their situation. That relationship worked best when it was built on mutual respect and recognized the family's strengths and capacities.
- ❑ *Customers* include any person with whom employees of an organization interact during the course of their work duties.

What Will Be Achieved:

- ❑ Adopting these recommendations will establish a set of uniform standards, which describe acceptable performance levels for customer service for all staff of County departments, agencies, and community-based partner organizations that provide services to children and families. Establishing customer service and satisfaction standards for health and human services is an important step in creating a holistic approach to serving children and families by helping to set clear consistent expectations for service delivery for families as well as all members of the service delivery team.
- ❑ Establishing customer service and satisfaction processes that include ongoing communication and training, ongoing performance assessment and improvement, and recognition for outstanding performance will help to assure continuous progress in achieving the standards.
- ❑ Service providers will have a uniform set of Customer Service and Satisfaction Standards.
- ❑ Staff will have a better understanding of what is expected of them with regard to customer service and satisfaction and, through positive reinforcement, will be encouraged to act in accordance with those Standards.
- ❑ The promotion, reinforcement, and ongoing assessment of organizations' performances related to the Standards will help to assure both the service delivery system and the services are as efficient and effective as possible.
- ❑ Improving personal service delivery will enhance internal and external customer relationships. Improving service environments will benefit customers and staff leading to a more positive working environment. Enhancements to both these areas will increase customer satisfaction and improve employee job satisfaction and retention.

Linkages

What is the linkage between the recommendation and the Service Integration Action Plan Performance Measures, the County's Strategic Plan, and other Workgroups?

Adopting Customer Service and Satisfaction Standards and establishing processes to assure the successful implementation of these Standards is consistent with the County Strategic Plan Goal for Service Excellence, the SIAP Values, Goals, and Performance Measures, and will be supported by the completion of other SIAP Workgroup tasks.

We see the Customer Service and Satisfaction standards as integrally related to the recommendations in 2.1.3 to adopt principles for partnering with families and communities based on mutual respect and accountability.

These principles invite County departments to constantly question whether they are building the capacity of families and communities to meet their own needs, an orientation we believe is essential to make substantial progress toward achieving the five outcomes. Without these principles, the customer service and satisfaction standards will have far less impact because they ask departments to improve only what they are already doing. If departments adopt these principles, however, and begin, where possible, to align their programs with them, we believe they will be led naturally and inexorably to embrace the Customer Service and Satisfaction standards as an essential component of the commitment to long-term success.

In addition, County departments administering Federal and State funded programs are required by those agencies and their own professional guidelines to implement customer service and satisfaction standards. In response, these departments have or are establishing customer service and satisfaction programs that include standards. These Standards are compatible with those standards.

The **County Strategic Plan Goal 1 Service Excellence**: Providing the public with easy access to quality information and services that are both beneficial and responsive includes:

- ❑ Strategy 1: Developing standards for user-friendly service – Objective 1: By January 2001, each department will develop one or two key service delivery standards. By January 2002, each relevant program will have service standards.
- ❑ Strategy 2: Creating a positive work environment – Objective 1: By January 2001, develop a plan for a program to enhance employee well-being and related program productivity. By July 2001, begin phased implementation, followed by program evaluation. Objective 3: By July 2001, determine levels of employee organizational commitment through surveys concerning physical infrastructure, equipment, and employee morale.

SIAP includes the following **Values and Goals** statements:

- ❑ Families are treated with respect in every encounter they have with the health, educational, and social services system.
- ❑ County agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more strengths-based, user-friendly, culturally competent, accessible, responsive, cohesive, efficient, professional, and accountable.

The **SIAP Performance Measures** will evaluate how well we have achieved this goal by measuring the following:

- ❑ Percent of departments/agencies implementing customer service standards program
- ❑ Percent of children and families who received integrated and/or coordinated services who report that they were satisfied with the services they received in terms of:
 - *Appropriateness of services (meets their needs, needed services are available, and reduction in multiple agency location visits)*
 - *Timeliness of services*
 - *Appropriateness of Information Sharing*
 - *Competency of staff providing services*
 - *Safe, clean, and environmentally-friendly department/agency facilities*
 - *Services improved their situation*
- ❑ Percent of staff reporting job and work satisfaction in terms of:
 - *Adequate supplies and physical environment supports*
 - *Effective training*
 - *Guidance and support from supervisor*
 - *Meeting the needs and achieving good outcomes for their customers*
- ❑ Percent of complaints regarding delivery of inappropriate services

Note: Italics indicate that the measure is common to more than one SIAP workgroup.

The **Workgroup 1 – Access To Services** efforts will contribute to achieving the “Service Access” Standards through the completion of the following tasks:

- ❑ **1.1:** Identify and automate a menu of services offered by agencies, departments, and community partners.
- ❑ **1.2:** Determine need for additional access points and develop implementation plan
- ❑ **1.3:** Develop a single screening/intake eligibility review process for County agencies/departments and their community partners.
- ❑ **1.4:** Develop a universal assessment tool, which is linked to financial criteria and identify trends in needs and gaps.
- ❑ **1.5:** Develop methods to improve access to services.

The **Workgroup 3 – Multi-agency Service Delivery** efforts will contribute to achieving the “Personal Service Delivery” and “Service Access” Standards through the completion of the following tasks:

- ❑ **3.2:** Develop policy and procedures, and a fiscal assessment for sharing existing resources across agencies/departments, including staffing, funding, facilities, translators, and other resources.
- ❑ **3.3:** Develop training and staff development for department/agency staff that would allow them to serve families using a multi-disciplinary team approach.
- ❑ **3.4:** Develop strategies for delivering multi-agency services across agencies/departments and outline benefits to departments, agencies, community, and families.

The **Workgroup 4 -- Data Sharing** efforts will contribute to achieving the “Service Access” and “Measurement” Standards through the completion of the following task:

- **4.6:** To support implementation of the Action Plan, create databases which will allow agencies to share data, track and evaluate the quality of services provided, refer persons to services in other agencies, and identify opportunities for leveraging funds.

The **Workgroup 5 – Funding for Services** efforts will contribute to all aspects of the Standards through completion of the following task:

- **5.3:** Identify opportunities to match/leverage funds between departments/agencies, as well as using outside funds, such as Prop 10, Federal/foundation funds and grants.

Several County departments and community agencies have initiated customer service and satisfaction programs. Included among these are: the Child Care Resource Centers, the Los Angeles County Office of Education, and the Departments of Children and Family Services, Community and Senior Services, Health Services, Internal Services, Los Angeles Mental Health, Parks and Recreation, Public Library, and Public Social Services.

Federal and State regulations, professional guidelines, and many County department policies and procedures establish customer service and satisfaction standards and requirements. For example, the Welfare and Institutions Code, Title 9, Chapter 11, mandates that the Department of Mental Health adhere to State outcome measurements for customer service and satisfaction; the Knox-Keene Act has a variety of mandates related to customer service for managed care health care providers; the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) requires the measurement of patient (customer) satisfaction and has strict environmental requirements for safety and cleanliness, the Americans with Disabilities Act requires certain accommodations for differently-abled people; Title IV of the Civil Rights Act of 1964 requires certain accommodations for people with limited English proficiency, and the California Occupational Safety and Health Administration (Cal/OSHA) environmental health and safety requirements for the workplace. These Standards are consistent with all such guidelines and regulations (Attachment C).

Impact

What departments/agencies are impacted by the recommendation and what commitment is needed from each of them?

This recommendation impacts all NDTF member departments and agencies. This includes County departments serving children, families, their community partners and County support departments.

Improving customer service and satisfaction requires executive leadership, which is responsible for communication, assessment, and follow-up; commitment and accountability at all levels of the organization; measurable standards; staff support which includes training, incentives, and evaluation; routine systematic program evaluation, which includes consumer input; and ongoing improvement efforts. It will also require the long-term commitment that is essential to sustained cultural change.

- ❑ Since many of the NDTF member departments and agencies are at different stages in planning and implementing customer service and satisfaction programs, the resource commitments for each department will vary. Some of the standards are related to facility improvements that may need to be phased in over a period of time as resources permit.
- ❑ The implementation of a standardized Countywide customer service and satisfaction survey requires investing the time and resources needed to develop a valid survey instrument and process, administering the survey, assessing the data gathered in the survey, and developing and implementing improvement plans, as needed.

Implementation Plan

What is the plan for implementing the recommendation and what is needed to support implementation of the recommendation?

In order for the Standards to have some effect on improving the quality of service delivery, WG 2 recommends the following Countywide implementation plan:

- ❑ By March 2002, all NDTF member departments and agencies will adopt the SIAP Standards and communicate their commitment to these Standards to their staffs and community partners.
- ❑ By May 2002, all NDTF member departments and agencies select a department representative who will lead each organization's customer service and satisfaction efforts and participate in a Countywide Customer Service and Satisfaction Network (Network) for ongoing oversight of customer service and satisfaction activities and related training. Among other responsibilities, this Network will support individual members in the design of organization-specific plans for implementing the Standards, and will participate in the development of an annual Countywide customer service and satisfaction survey (see fifth implementation step below).
- ❑ By May 2002, based on established criteria, all NDTF member departments and agencies select one or two representatives from their community partners and the Children's Planning Council (CPC) selects two representatives from the Service Planning Area and/or American Indian Children's Councils to participate in the Network.
- ❑ By August 2002, all NDTF member departments and agencies complete a program design to implement continuous quality improvement efforts for measuring and improving customer service and satisfaction. The program shall include, but not be limited to actions to: 1. Communicate, on an ongoing basis, the organization's commitment to customer service and satisfaction; 2. support staff with the tools necessary to implement and maintain the customer service program; 3. obtain input from the customers the organization serves; 4. develop standards for waiting times and baseline assessments of the time customers spend waiting: a. for a service appointment, b. in the organization's offices/clinics, and c. for staff to make return telephone calls; and,

- ❑ 5. incorporate the Standards and other components developed by the Network and the individual organizations into contracts with their community partners.
- ❑ Beginning September 2002, all NDTF member departments and agencies and their community partners will participate in a standardized Countywide customer service and satisfaction survey of children and families who are receiving services from their organizations to determine baseline customer service and satisfaction data. The survey is conducted annually thereafter to assess progress.
- ❑ By October 2002, all NDTF member departments and agency managers' Management Appraisal Performance Plans (MAPP), or other management performance plans include ongoing continuous quality improvement actions for measuring and improving customer service and satisfaction.
- ❑ By November 2002, CAO SIB compiles and publishes data from the Countywide customer service and satisfaction survey.
- ❑ By November 2002, all NDTF member departments and agencies and their community partners complete a standardized County customer service and satisfaction environmental assessment of facilities for safety, comfort, and physical access.
- ❑ By January 2003, each organization develops a plan for addressing environmental deficiencies and making improvements.
- ❑ By January 2003, all NDTF member departments, agencies, and their community partners demonstrate how they have incorporated SIAP Standards into their employee recruitment, orientation, training, performance evaluation processes and recognition programs, ongoing internal communications, and continuous quality improvement programs.
- ❑ By January 2003, all NDTF member departments, agencies, and their community partners inform the customers they serve of the SIAP Standards. This would include posting the Standards in all organization facilities, and advising customers about how to provide feedback on the Standards and the quality of the services they receive.

Approval Date:

Comments:

**SERVICE INTEGRATION ACTION PLAN (SIAP)
FOR CHILDREN AND FAMILIES
GOAL NO. 2: CUSTOMER SERVICE AND SATISFACTION**

CUSTOMER SERVICE AND SATISFACTION STANDARDS

PURPOSE OF STANDARDS:

The following is a set of uniform standards for customer service for all staff of County departments, agencies, and community partner organizations that provide services to children and families. The Standards, unless specified as highly recommended goals, describe acceptable performance levels.

NOTE: Nothing in these Standards is intended to reduce or modify existing federal, state, or local regulations or statutes.

DEFINITIONS:

Customer: A *customer* includes any person with whom employees of an organization interact during the course of their work duties. They include both external contacts, e.g., clients, caregivers, patients, children, and parents; and internal contacts, e.g., community partners, court personnel, volunteers, vendors, and staff at all levels in the organization.

Customer Service Excellence: *Customer service excellence* encompasses the manner in which one performs the work as well as the effectiveness of that effort. It includes a variety of elements including “personal service delivery,” the way service delivery team members, including volunteers, interact with customers while providing services; “service access,” the promotion of available services and the ease and simplicity of utilizing them; and the “service environment,” the internal and external surroundings in which the services are provided.

Customer Satisfaction: *Customer satisfaction* is the customer’s perception of the three elements –personal service delivery, service access, and service environment.

Measurement: *Measurement* is the assessment, based on these Standards, of customers’ perceptions of the way services were provided, their timeliness, and the quality of those services. Such assessment must be performed continuously to assure

the service delivery system and the services are as responsive, effective, and efficient as possible.

Recognition:

Recognition is the method by which service delivery team members, including volunteers, are acknowledged for outstanding performance related to these customer service standards. Such recognition serves to model and encourage positive performance in others.

STANDARDS:

Personal Service Delivery: The service delivery team, including volunteers, treats all customers with courtesy, dignity, and respect by:

- Listening carefully and patiently to customers, being responsive to the customers' unique cultural and linguistic needs, and demonstrating an interest in successfully serving them in person or via telecommunications systems.
- Providing services in a timely manner and notifying and updating customers of unavoidable time delays for service.
- Introducing themselves by name and title, wearing clearly visible name badges, as appropriate and in accordance with County policies, and addressing adult customers formally or according to their preferences.
- Knowing their job duties and how they function within their organization's system, and knowing the mission, vision, and values of their organization.
- Explaining the service delivery process in a way that assures the customer is informed of what to expect.

Service Access: Service providers work proactively to facilitate customers' access to services by:

- Locating facilities in the neighborhoods where customers live and in multi-agency service delivery centers, and bringing services to customers in their residences, when necessary and appropriate.
- Meeting Americans with Disabilities Act (ADA) standards for access.
- Providing user-friendly and accurate service information, and accurate directions to service facilities.

- Ensuring automated telephone answering systems are user-friendly, available in the threshold language(s) approved by the County Board of Supervisors and of the community being served, and having ready access to live personnel during normal business hours.
- Varying days and hours of operation to accommodate customers' schedules.
- Providing information regarding transportation and parking.
- Limiting waiting time to obtain appointments, both while waiting to be seen in an organization's office/clinic, and in scheduling specific service appointment times.¹
- Simplifying forms and application processes.
- Providing customers with language translators, when needed.
- Providing customers with advocates and ombudsmen, when needed and feasible.
- Conducting community outreach efforts and promoting available services utilizing local and ethnic media sources, along with formal and informal social networks, when needed.
- Ensuring service delivery team members, including volunteers, have a general knowledge of services provided through other programs within their own organizations and in other agencies where families may be eligible for services.
- In partnership with the customers, providing them with appropriate and timely service referrals, helping them to coordinate those services, and following-up on the referrals, whenever appropriate.

Service Environment: Service providers deliver services in a clean, safe, and welcoming environment, which is conducive to the effective delivery of services, including:

- A professional, welcoming appearance, with clear, easy-to-read, signage in the language(s) of the community.
- Posted organizational mission, vision, and values statements, and the Customer Service and Satisfaction Standards.
- Posted complaint and appeal procedures.

¹ This is a minimum performance level for all organizations that provide services by appointment.

- Adequate and comfortable seating.
- Clean restrooms with sufficient supplies, and, as highly recommended goals, diaper changing and breastfeeding accommodations.
- Access to public telephones.
- Waiting rooms/areas that are supplied appropriately for customers waiting for services, for example, reading materials for both children and adults. Additionally, as highly recommended goals, readily accessible food services, which include healthy food choices ² and supervised child play areas.
- Private rooms/spaces that ensure confidentiality for customer interviews, and include adequate service-related supplies.
- Environments with adequate lighting, proper indoor air quality, and comfortable noise levels.
- Workspaces and equipment designed to safely accommodate the staff and customers.
- Adequate security systems.

Measurement: Service providers will:

- Assess customer satisfaction, based on these standards, on an ongoing basis.
- Participate in a Countywide customer service and satisfaction survey to evaluate customers' perceptions of service, at least annually.
- Gather internal and external customer input as a part of these assessment processes.
- Compare results of customer satisfaction surveys and other assessment efforts to established benchmark data and evaluate improvements over time.
- Utilize the information obtained from these assessments to assure the service delivery system and the services provided are as responsive, effective, and efficient as possible.

Recognition: County departments and agencies and community partners regularly recognize service delivery team members, including volunteers, for outstanding performance related to these Standards.

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² Vending machines qualify as “readily accessible food services.”

Customer Service and Satisfaction Standards

The County of Los Angeles health and human service departments and their partners are working together to achieve the following customer service and satisfaction standards in support of improving outcomes for children and families.



PERSONAL SERVICE DELIVERY

The service delivery team - staff and volunteers - will treat customers and each other with courtesy, dignity, and respect.

- Introduce themselves by name
- Listen carefully and patiently to customers
- Be responsive to cultural and linguistic needs
- Explain procedures clearly
- Build on the strengths of families and communities

SERVICE ACCESS

Service providers will work proactively to facilitate customer access to services.

- Provide services as promptly as possible
- Provide clear directions and service information
- Reach out to the community and promote available services
- Involve families in service plan development
- Follow-up to ensure appropriate delivery of services

SERVICE ENVIRONMENT

Service providers will deliver services in a clean, safe, and welcoming environment, which supports the effective delivery of services.

- Ensure a safe environment
- Ensure a professional atmosphere
- Display vision, mission, and values statements
- Provide a clean and comfortable waiting area
- Ensure privacy
- Post complaint and appeal procedures

Gloria Molina
Supervisor, First District

Zev Yaroslavsky
Supervisor, Third District

Don Knabe
Supervisor, Fourth District

Yvonne Brathwaite Burke
Supervisor, Second District

Michael D. Antonovich
Supervisor, Fifth District

MOTION TO APPROVE SERVICE INTEGRATION ACTION PLAN (SIAP) RECOMMENDATIONS

(APPROVED BY NDTF)

July 9, 2002

County departments and their partner agencies have experimented with a number of multi-agency service initiatives to provide more effective and integrated services for children and families. It is recommended that we go beyond making ad hoc, piecemeal adaptations to the current system and move toward the creation of a Countywide, integrated system that builds on the experience of existing multi-agency initiatives, and incorporates these existing initiatives (as appropriate) into a new Countywide *Integrated Family Services System (IFSS)*.

Although three different County departments place children in out-of-home care, the needs and services for these children are often not coordinated among County departments and community-based providers. In addition, a substantial subset of families receive ongoing services from multiple departments and there is no system in place to collectively address the families' needs and track the effectiveness of resources allocated. Moving forward with both the IFSS and contract simplification recommendations will enable the health and human services system to become more fully integrated and optimize provider performance to achieve the County's vision, strategic goals, and outcomes for children and families.

THEREFORE, I MOVE THAT THE NEW DIRECTIONS TASK FORCE (NDTF):

1. Endorse the concept of establishing a Countywide *Integrated Family Services System (IFSS)* to integrate services provided to children placed in out-of-home care, and families receiving two or more of the following services: CalWORKs (DPSS), Child Protective Services (DCFS), Mental Health (DMH), or Juvenile Probation (Probation Department).
2. Endorse the formation of an IFSS Design Team, consisting of: the CAO, DCFS, DMH, DPSS, Probation, DHS, LACOE, CSS, CDC, representatives from the major multi-agency initiatives currently serving members of the aforementioned populations, and community representatives from each of the Service Planning Area/American Indian Children's Councils. The implementation design process shall be led by the Chief Administrative Office, with the participation of the Children's Planning Council. The CAO, DCFS, DPSS, DMH, and Probation will designate senior managers with operations knowledge to lead the respective department's participation in the implementation design process, approximately three-quarters of their available staff time will be devoted to this design effort.
3. Instruct the Design Team to develop a detailed IFSS design and implementation plan for presentation to the NDTF by no later than April 8, 2003.
4. Amend the original IFSS recommendation to reflect the following:
 - a) Address issues related to housing, including inviting the Los Angeles Homeless Services Authority to form part of the IFSS Design Team;
 - b) Ensure that seniors are considered an integral part of any definition of "family" used and explore opportunities for developing support mechanisms for seniors serving as principle caregivers;
 - c) Incorporate the use of the *Outcome Screening Tool*, developed by the Access to Services Work Group, in the IFSS design to enhance proposed data collection and service coordination efforts; and

- d) Emphasize *Revenue Maximization* and *Funding Leveraging* strategies in the IFSS design process.
- 5. Approve moving forward with establishing a consistent Countywide framework for Health and Human Services Request For Proposal processes, Proposal Evaluation Rating instruments, and contract monitoring process to guide key contracting functions across departments, including utilizing the Countywide contract tracking system being developed by ISD to encourage agencies to work together when serving the same communities.
- 6. Support the SIAP recommendations approved above by providing necessary resources; continuing executive leadership involvement; ensuring the active participation of appropriate agency staff in implementation activities; and working collaboratively with lead agencies to successfully implement and evaluate the impact of the recommendations in achieving the SIAP values and goals.



Service Integration Action Plan Recommendation Submittal Form

Workgroup 6 is responsible for updating the New Directions Task Force (NDTF) on the progress of the workgroups and the overall implementation status of the Action Plan. In support of implementing the Action Plan, recommendations may need to be presented to NDTF to secure a commitment to move forward on either the substance and/or the progress of an action step. Recommendations are to be action-oriented and may be presented to adopt new policy, set strategic direction, substantially change the Action Plan, secure the allocation of additional resources to support implementation, and/or secure the commitment to implement new business processes within or among departments. This form should be used to present the context of the recommendation.

Recommendation SIAP Task #: 3.4

NDTF Approval Needed: Yes

Recommendation: The New Directions Task Force (NDTF) should endorse the establishment of an Integrated Family Services System (IFSS), within the overall human services delivery system to provide integrated services to two groups of children/families whose needs dictate an integrated approach:

- (1) Children placed in out-of-home care by the Department of Children and Family Services (DCFS); Department of Mental Health (DMH); or the Probation Department; and
- (2) Families receiving two or more of the following services: CalWORKs (DPSS); Child Protective Services (DCFS); Mental Health (DMH); or Juvenile Probation (Probation Department). A family is defined as receiving one of these services if any family member is receiving the service.

There is substantial overlap between these two target populations.

The IFSS would primarily utilize resources which are currently committed to providing services to members of the two proposed target populations. While there would likely be one-time start-up and transition costs, it is also possible that a more effective system of services for these two target populations could result in cost avoidance, as well as better outcomes.

NDTF should request the CAO, DCFS, DMH, DPSS, Probation Department, DHS, LACOE, CSS and CDC to develop a detailed implementation design for this IFSS. The implementation design group should return to NDTF for approval, within 6 months of approval of this recommendation by NDTF.

Purpose of the Recommendation

(Include the rationale, what will be achieved, and benefits)

For more than a decade, the County and its partners have often acknowledged the inadequacy of the current service delivery system in addressing the needs of children in out-of-home care and families receiving ongoing human services from multiple County departments. As a result, County departments and their partner agencies have experimented with a number of multi-agency service initiatives that have attempted to provide more effective, integrated services to various sub-sets of either or both of the two target populations for the proposed IFSS.

Our study of existing multi-agency services initiatives in Los Angeles County suggests that much has been learned and much has been accomplished for children and families through these initiatives. However, the shortcomings of the underlying fragmented system have not been resolved by any one of the special initiatives or by the fragmented array of initiatives that now exist. Furthermore, because these various initiatives have developed in an uncoordinated, ad hoc manner, they have been plagued by administrative and programmatic difficulties that are characteristic of ad hoc attempts at collaboration. These difficulties include lack of clarity about the interface between initiatives, duplicate administrative functions, inconsistent messages to community partners, limited access to these special services for families in some parts of the County, and inability to share lessons learned across initiatives.

To improve outcomes for children and families who fall within one or both of these target populations, we must move beyond ad hoc, piecemeal adaptations to the current system by creating a Countywide, integrated system to address the needs of these two target populations. This Countywide integrated system should build on the experience of existing multi-agency initiatives, and incorporate these existing initiatives, as appropriate, into a new Countywide system. Accordingly, individuals working in these existing multi-agency initiatives should play an integral role in designing the new IFSS.

Given the limitations on currently available data, it is not possible to definitively estimate the number of children in out-of-home care in Los Angeles County. However, for an initial estimate, it is appropriate to refer to the Los Angeles County Children's scorecard, which indicates that about 52,000 children were placed in out-of-home care in the course of 1999. For these children, the County served in place of their parents and other family members in some very important ways. Though three different County departments place children in out-of-home care, the needs of these children are often very similar and the same community-based providers often respond to the needs of children placed by two or three of these departments. Furthermore, individual children may be clients of more than one of these departments, either simultaneously or sequentially. Sibling groups may also be known to staff from multiple departments, although records may not always track familial relationships. The adverse consequences of the current fragmented service delivery system in the County are nowhere more visible than in the lives of these children.

In addition to families with children in out-of-home care, a substantial subset of families receiving services from the County receive ongoing services from multiple departments. Since there is no system in place to track these families on a regular basis, several estimation methods were used to calculate the number of families that might be working with two of these key services/departments during the course of a year (CalWORKs, DCFS, DMH and Juvenile Probation). Based on these estimates, it appears that between 10,000 and 20,000 families annually receive concurrent help from two or more of these services/departments. Some of these families include children in out-of-home care and would therefore also be included in the estimate for the first IFSS target population. Obviously, many families approach County agencies to find one specific kind of service. For these families, the current system can work reasonably well. The Integrated Family Services System Approach would, however, greatly benefit this subset of families who receive ongoing services from multiple County departments.

CalWORKs, Child Protection, Mental Health, and Juvenile Probation services are appropriate to include in this approach because their similarities create significant opportunities for effective service integration.

1. All four services/departments assign an ongoing case manager to the family or individual family member.
2. All four services/departments develop a case plan for the family or individual family member.
3. Low income is a necessary or very frequent characteristic of the families receiving each service.
4. A high concentration of current multi-agency service initiatives in the County focus on families receiving one or more of these services.
5. All three of the departments which are directly responsible for children in out-of-home care are included among the four services/departments proposed for the second target population.

For the IFSS to improve outcomes for children and families, each of the participating County departments would need to adopt shared goals, outcomes, and indicators for the families served by the IFSS. The adoption by NDTF on December 11, 2001 of a set of Countywide measurable indicators, which are tied to the five outcomes adopted by the Board of Supervisors, helps lay the groundwork for such shared goals, outcomes, and indicators for children and families served by the IFSS.

The IFSS is intended to improve outcomes for children and families in the two proposed target populations by enabling the human services delivery system to respond to their needs in a holistic, integrated, and individualized manner, which builds on the strengths of each individual child/family. To achieve this vision, the IFSS will draw on the proposed principles for partnering with communities and families that have been developed by the SIAP Customer Service and Satisfaction workgroup: 1) County departments and community-based organizations work to increase a family's capacity to meet its needs within networks of peer relationships, e.g., other family members, friends, and members of the community; and 2) County departments and community-based organizations work to increase a community's capacity to act on its own behalf.

The IFSS would be very different from preceding multi-agency service initiatives because it would: 1) be Countywide; 2) include all members of the two proposed target populations; 3) encompass legally-mandated services; and 4) utilize core as well as discretionary funding streams.

Impact

What departments/agencies are impacted by the recommendation and what commitment is needed from each of them?

IMPLEMENTATION DESIGN PROCESS

The CAO, DCFS, DPSS, DMH, and the Probation Department would designate senior staff to lead the department's participation in the implementation design process. This leadership role would need to constitute a substantial portion of the responsibilities of these senior staff.

An implementation design team should be formed, with: 1) staff from the CAO, DCFS, DMH, DPSS, the Probation Department, DHS, LACOE, CSS, and CDC; 2) representatives from the major multi-agency initiatives currently serving members of either or both target populations; and 3) community representatives from each of the Service Planning Area/American Indian Children's Councils.

The implementation design process should be led by the Chief Administrative Office, with the participation of the Children's Planning Council.

IFSS IMPLEMENTATION

Resources that are currently committed to providing services to members of the two proposed target populations would be primarily utilized. While one-time start-up and transition costs would be likely, it is also possible that more effective systems of service for these two target populations could result in cost avoidance, as well as better outcomes. The specific impacts of the IFSS will depend on the outcome of the implementation design process. However, it is possible to identify a range of major impacts now:

1. Four participating departments would adopt shared accountability for goals, outcomes, and indicators to measure progress in work with the families served by the IFSS.
2. There would be a major impact on the daily operations and business practices of DCFS, DMH, DPSS, and the Probation Department. With respect to the two IFSS target populations, there would be major changes to operational structures and to service delivery programs provided by these four departments. Specific changes regarding case planning, automated systems, where staff are housed, and a host of other areas would be addressed by the Implementation Design Team.
3. Case-carrying workers in all four departments (e.g., GAIN services workers, children's social workers) would be directly impacted to the extent that they are assigned to work with children/families in the IFSS. Other workers in the four departments would experience less direct impacts.

4. The extent of the impact would vary depending on the percentage of clients, in each of the four departments, who would fall in one or both of the IFSS target populations. Though precise data is not currently available, it appears that the IFSS would encompass a very high proportion of children/families served by DCFS, a moderate proportion of youth served by the Probation Department and families served by DMH, and a modest proportion of DPSS CalWORKs families.
5. There would be a major impact on current multi-agency service initiatives which serve members of either or both of the IFSS target populations. The IFSS design team, would include representatives of each of these current initiatives, who would contribute the lessons learned to date about collaborative service delivery and be in a position to make recommendations regarding whether and how these initiatives should continue to function in the context of the IFSS.
6. Other County and non-County agencies that work with members of either or both of the IFSS target populations would be positively impacted, because the IFSS would establish an integrated case management and case planning system making coordination with County services much easier.

Implementation Plan

What is the plan for implementing the recommendation and what is needed to support implementation of the recommendation?

The implementation design team would lead a time-limited multi-tiered process which would include opportunities for participation and feedback from parents, consumers, County line staff, and County contractors.

The implementation design process would need to address the full range of issues associated with implementing the IFSS, including but not limited to the following:

1. Ongoing identification through an automated mechanism of children/families who would fall into either or both of the target populations, including the geographic distribution and aggregate characteristics of these children/families.
2. Identification and assessment of existing multi-agency service initiatives targeting members of either or both of the target populations for the IFSS and development of recommendations regarding the future of those initiatives in the context of the IFSS.
3. Development of an implementation timeline, including the rollout of the IFSS. Specific issues would include whether children/families who are new to County services should be assigned to IFSS first and how IFSS should be rolled out geographically, if it could not be simultaneously implemented Countywide.
4. Design of an accountability system for each of the two target populations, including identification of shared goals, outcomes, and measurable indicators from the list of Countywide measurable indicators adopted by NDTF on December 11, 2001.

5. Determination of how IFSS can be structured to avoid a negative stigma for the children and families served.
6. Identification of a common sub-SPA geographic unit for the organization of IFSS. Mapping of the County into geographic service areas based on the identified common geographic unit.
7. Development of an interagency coordination structure for IFSS, which could include interagency managers and/or supervisors.
8. Determination of how child/family assessment processes utilized by the four departments would be utilized in IFSS.
9. Determination of whether and how case plan forms and automated case management systems currently utilized by the four departments would be utilized in IFSS.
10. Processes for each of the four participating departments to designate staff who would work together to provide integrated services to children/families in either or both of the target populations.
11. Determination of where IFSS staff should be housed. Options would include remaining in their current separate locations, co-locating in the facilities of the four participating departments, and/or securing new space.
12. Development of a multi-disciplinary training plan for specialized staff participating in IFSS.
13. Relationship between multiple case managers working with the same family, including whether and how to implement a lead case manager function.
14. Identification of contractors and other community partners currently providing services to children/families who would be served by IFSS. Development of mechanisms to integrate these providers into IFSS.
15. Determination of the ongoing relationship between IFSS and the rest of the human services delivery system, including but not limited to case movement, selection and alignment of staff, roles of direct service providers, and allocation of resources.
16. Exploration of ways in which IFSS could contribute to the prevention of more serious family problems among families at risk of entering one or both of the IFSS target populations.
17. Identification of the one-time and ongoing resources needed to implement IFSS, including resources currently committed to providing services for these populations and ways in which various funding streams could be leveraged to maximize resources.

Linkages

What is the linkage between the recommendation and the Service Integration Action Plan Performance Measures, the County's Strategic Plan, and other Workgroups?

Linkage to the Service Integration Action Plan Performance Measures

Quantity - What We Did/How Much Change

- Number of County/contractor facilities where services from multiple agencies are offered.
- Number of multi-agency teams that share and integrate resources in delivery of multi-disciplinary services.
- Number of children and families who receive services from multiple programs and/or departments/agencies whose services are integrated and/or coordinated.
- Number of children and families seen at a single location by multi-agency staff.

Quality - How Well We Did/Quality Of Change

- Percent of County/contractor facilities where services from multi agencies are offered.
- Percent of children and families who received integrated and/or coordinated services that report they were satisfied with the services they received in terms of:
 - Appropriateness of services (met their needs and needed services are available);
 - Timeliness of services;
 - Competency of staff providing services;
 - Safe, clean, and environmentally friendly department/agency facilities; and
 - Services improved their situation.
- Percent of families seen at a single location by multi-agency staff that report:
 - Access convenience; and
 - Services improved their situation.

Linkage to the SIAP Values and Goals

- Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals.

- There is no “wrong door:” wherever a family enters the system is the right place.
- Families receive services tailored to their unique situations and needs.
- Service providers and advocates involve families in the process of determining service plans, and proactively provide families with coordinated and comprehensive information, services, and resources.
- The County service system is flexible, able to respond to service demands for both the Countywide population and specific population groups.
- The County service system acts to strengthen communities, recognizing that just as individuals live in families, families live in communities.
- In supporting families and communities, County agencies work seamlessly with public and private service providers, community-based organizations, and other community partners.
- County agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more strength-based, family-focused, culturally-competent, accessible, user-friendly, responsive, cohesive, efficient, professional, and accountable.
- County agencies and their partners pursue multi-disciplinary service delivery, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization.

Linkage to the County Strategic Plan

Organizational Goal 1 - Service Excellence: Provide the public with easy access to quality information and services that are both beneficial and responsive.

Strategy 2: Design seamless (“One County”) service delivery systems.

Organizational Goal 2 - Workforce Excellence: Enhance the quality of productivity of the County Workforce.

Strategy 2: Create a positive work environment.

Organizational Goal 3 – Organizational Effectiveness: Ensure that services delivery systems are efficient, effective, and goal oriented.

Strategy 3: Collaborate across functional and jurisdictional boundaries.

Organizational Goal 5 – Children And Families’ Well-Being: Improve the well-being of children and families in Los Angeles County as measured by the achievements in the five outcome areas adopted by the Board: good health; economic well-being; safety and survival; emotional and social well-being; and educational/workforce readiness.

Strategy 1: Coordinate, collaborate, and integrate services for children and families across functional and jurisdictional boundaries.

Strategy 3: Engage individual departments in their planning efforts towards achieving the five outcomes for children and families.

Linkage to other SIAP Workgroups

SIAP Workgroup 1: Access To Services

Task 1.2: Determine need for additional access points and develop implementation plan.

Task 1.5: Develop methods to improve access to services.

SIAP Workgroup 2: Customer Service and Satisfaction

Task 2.1: Ensure departments, agencies, and their partners, treat families with respect and professionalism and involve families in the development and ongoing implementation of customer-friendly service delivery systems.

SIAP Workgroup 4: Data/Information Sharing

Task 4.1: Identify departments/agencies/community partners that should share data, the purpose for sharing data, and the ability to share data.

Task 4.7: Develop Training and Education Plan.

SIAP Workgroup 5: Funding for Services

Task 5.3: Identify opportunities to match/leverage funds between departments/agencies, as well as using outside funds, such as Prop 10, federal/foundation funds and grants.

Task 5.4: Develop guidelines for interagency funding.

Approval Date:

Comments:

Service Integration and Multi-Agency Service Initiatives: Research and Implications for Los Angeles County

Presented to:

Los Angeles County Service Integration Action Plan for Children and Families
Work Group 3: Multi-Agency Service Delivery
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Executive Summary

This study of multi-agency service initiatives was designed by Work Group 3 to inform Los Angeles County's Service Integration Action Plan. The study examined the local "state of the art" in regard to multi-agency service initiatives, in hopes of guiding future development of coordinated, cross-systems efforts serving children and families. For purposes of this study, a "multi-agency service initiative" was defined as a *coordinated mobilization of family, community and multiple agency resources to support families and children in improving the quality of their lives*.

Although Los Angeles County boasts a very large number of multi-agency service initiatives, their development has largely been ad hoc, responding to a broad array of needs and funding opportunities. Several factors may have encouraged local experimentation with multi-agency service arrangements. For one thing, Los Angeles is so big, so diverse and so complex that most people realize that one approach to service delivery does not fit all needs. When policy direction and funding opportunities combined to encourage partnership approaches, leaders of local institutions were ready to work together to develop better ways to support families and meet community needs. For another, many of the people who have participated in the last decade of partnership efforts here have been willing to share their skills, modeling and encouraging collaborative approaches. Perhaps most importantly, there have been substantial resources available from a wide variety of public and private sources to support experimentation.

Yet another explanation of why there are so many collaborative initiatives in Los Angeles, however, could be shared recognition that the service delivery system for children and families is not working very well. Recent statistics on the conditions of children indicate that many families are facing serious problems, that these conditions are widespread, and that current institutions often provide too little help too late to significantly improve child outcomes.

Research Methods. The research questions guiding this study were:

1. What are the structures, governance models, service delivery characteristics, resources and evaluation plans of a representative set of multi-agency service delivery collaboratives serving children and families in Los Angeles County?
2. What are the key factors that appear to be associated with success for these multi-agency collaboratives?
3. How do community-based collaboratives established for community development purposes differ from collaboratives established by public agencies for service integration purposes?
4. What are the major lessons learned to date in Los Angeles about multi-agency service delivery?

Based on a recent inventory of multi-agency service initiatives developed by the Chief Administrative Office (CAO) and their own knowledge, members of the Work Group identified a set of county-led multi-agency service initiatives to be included in the study

sample. They also identified a set of like initiatives that were led by non-county agencies such as cities, schools and foundations.

Face-to-face interviews with initiative leaders were conducted between July and October of 2001. Researchers completed 19 interviews reporting on 16 multi-agency service initiatives. Interviewers used a structured questionnaire to guide the interviews, but allowed for unstructured discussion and interaction on other aspects of collaboration brought up by respondents.

Findings. Study findings are organized under six major headings:

1) *County collaboratives and seamless service delivery programs:* In response to a survey by the CAO, 34 County departments and commissions reported that they were involved in a total of 351 collaborative efforts. Most departments reported that they worked on a number of different collaboratives, ranging from small time-limited projects to large-scale on-going programs, some of which also included partners other than County government. Of the 351 programs listed by County departments and commissions, 205 (or 58%) served children and families.

2) *Description of the sample:* Of the 16 initiatives included in this study, County departments led nine, and seven were led by other agencies. Of the seven “non-county” initiatives, three were led by the Los Angeles City Community Development Department, one by the Los Angeles Unified School District, one by the California Wellness Foundation, one by United Way of Greater Los Angeles and one by the Family Community Council.

One of the structures commonly used by funders to establish multi-agency service initiatives is to contract for services through a Request for Proposal process. Ten of the 16 initiatives in the sample relied on an RFP process – County departments administered four of these initiatives, the City of LA administered three, and three others were administered by other organizations. Six of the initiatives did not include a contracting process, but were planned and administered by the participating agencies. County departments led five of these initiatives and a not-for-profit consortium led the other.

Six respondents reported that their initiatives served children and families countywide, while 8 served a smaller geographic area. Almost all of the initiatives reported that they provided services to whole families. The range in the number of clients served was very large – from under 50 to over 5000. All respondents reported that demand for multi-agency services had exceeded their capacity during the previous year.

The governance structures used to guide these initiatives varied significantly. Over half of the respondents reported that their initiatives provided mental health services, child care, transportation services, substance abuse, after-school programs and medical services. Two thirds or more of the respondents reported that they referred clients to food resource programs, child care, adult day care, shelter and CalWORKs services. Most respondents reported that issues related to sharing information and maintaining client confidentiality had caused significant problems.

Nine respondents reported that they received federal or state funds, seven received county funds, three received funds from the City of Los Angeles, and five received funds from private funders. Seven initiatives received funding from only one funding source. All of the initiatives that reported receiving funds from two or more sources also reported difficulty dealing with conflicting reporting requirements from different funders. All but one of the initiatives expected their funding to continue beyond the 2001-02 fiscal year.

Two-thirds of the respondents reported that they were using multi-disciplinary teams to develop service plans and/or to provide direct services. Twelve of 14 respondents reported that their initiatives had agreed on the outcomes they were seeking for children and families, had defined these outcomes in measurable terms, and had an evaluation plan in place. Six initiatives were also collecting specific data on client satisfaction.

3) *Factors associated with success:* All respondents reported that their initiatives had been successful in a number of ways. Although they also reported that they faced challenges and barriers, the respondents convincingly expressed their belief that they had made substantial progress in this complex and important work.

Respondents cited a number of barriers to establishing successful multi-agency service initiatives. Nine reported that lack of resources was a primary barrier to successful collaboration. About a third reported barriers associated with the difficult and time-consuming nature of collaboration. Others reported that lack of bi-lingual staff, lack of flexibility, mistrust and power struggles had limited the success of their initiatives.

4) *Community-based versus public sector collaboratives:* Study findings did not provide clear answers to the research question about how community-based collaboratives established for community development purposes differ from collaboratives established by public agencies for service integration purposes. Supplemental interviews with respondents from Hathaway and El Centro del Pueblo (both agencies lead several collaborative networks) suggest that different community-based agencies may approach this work in very different ways.

5) *Lessons learned:* According to respondents, the key lessons learned through work in multi-agency services initiatives were about the importance of trusting relationships between partners, adequate resources and good staffing. Several noted the importance of keeping the vision in mind and focusing on families and communities.

6) *Similarities and differences between multi-agency service initiatives:* County departments led nine of the initiatives, four were led by other public agencies and three were led by private organizations. Analyses based on these differences in leadership auspice did not reveal any significant patterns among initiatives. There were no significant differences among initiatives based on the year they were established, the geographic area served, or whether the focus was primarily prevention versus intervention. There were some small differences between the initiatives that used contracting processes and those that did not in terms of target population (but differences may have reflected the special circumstances of the Long-Term Family Self-Sufficiency plan rather than the intentions of funders or planners).

Conclusions and Implications. The major conclusions of the study were:

1. Planning and implementing effective multi-agency service initiatives is a complex and challenging endeavor. Since no two initiatives are alike, the challenges are constant and varied, requiring determination and perseverance from those who would start, lead and participate in such efforts. At the same time, the rewards can be substantial – both in terms of changing business as usual and in terms of benefits for children and families.
2. Multi-agency services initiatives have been designed under different auspices to meet different needs taking different approaches. As a result, they reflect the fragmentation of the overall service delivery system. Study findings underline the similarities among multi-agency service initiatives as well as the many ways that existing initiatives differ from each other. This suggests that it may be time to move beyond “pilot projects” designed to demonstrate the benefits of multi-agency approaches. Those most concerned about the well-being of children and youth in Los Angeles should work toward more systemic and far-reaching implementation of the lessons learned through numerous experiments with collaboration.
3. Since a large number of these initiatives relied on contracts with community-based collaboratives, special attention is needed to assure that contracting processes support the purposes of multi-agency services initiatives. The fact that so many of the initiatives in this study (ten initiatives from a total of 16) involved contracting suggests that County departments need a shared framework for contracting, and more systematic ways to share the lessons they learn across departments with other funders and with their contractees. County government should examine the processes commonly used to issue RFPs, to rank and fund proposals, and to evaluate the outcomes of contracted services.
4. Despite their differences, staff and volunteers associated with all of these multi-agency service initiatives share a need for ongoing access to technical assistance, training and other supports. Most respondents reported needs for enhanced knowledge and skills. For example, many needed cross-agency training, guidelines for sharing staff across agencies, help with cross-agency supervision, access to communications technology, skills in evaluating client satisfaction and the effectiveness of collaborative ventures. It may be easier for staff of public agencies to make the case that they do indeed require technical assistance, training and help that go above and beyond support available for “regular” services. It is much harder for staff of contract agencies, especially smaller community-based agencies, to squeeze “extra” resources from their agencies’ budgets. County government and its partner agencies should consider joint development of a network or entity that would promote common purposes, provide training and offer technical assistance – linking all of the public and private agencies that are working to promote new ways to support families and build community capacity.
5. Some service arenas may benefit more from collaborative approaches to planning, inter-agency cooperation, or agency-community partnerships. Of the specific service arenas addressed by the initiatives in this sample, three may warrant more systematic exploration:
 - A) One area that is extremely salient for County government is more systematic structuring of partnerships serving the most vulnerable, at-risk children and youth for whom the County stands in *loco parentis* – children under the care of the Departments of Children and Family Services, Probation and Mental Health. A number of the

partnership initiatives included in this study address this population, but the structure to integrate these efforts or to link them with related efforts is limited or inadequate.

B) A second arena could be further development of County and City collaborative efforts to serve pre-delinquent youth and their families. Several of the initiatives in this study address this population, but there is little cross-jurisdictional infrastructure to link these efforts. It might also be instructive to purposefully connect initiatives designed to prevent violence and delinquency with proactive opportunities for positive youth development.

C) A third area for further work would be around prevention and early intervention. Perhaps because there have been so few resources available, a number of organizations have joined forces to provide preventive supports and services that are needed in communities across the County. The institutional auspices for such an umbrella effort would need to include the Proposition 10 Commission, cities, schools and private funders along with County government.

I. Background

Los Angeles County's Service Integration Action Plan for Children and Families (SIAP) was approved by the County's New Directions Task Force on February 13, 2001. The plan builds on more than a decade of efforts by many different groups to improve outcomes for children and families throughout the County. Key groups involved in these efforts include:

- 1) The New Directions Task Force (NDTF) composed of County department directors and representatives of cities, schools and allied groups;
- 2) The Inter-Agency Operations Group (IOG) composed of top-level managers from County departments and allied agencies; and
- 3) The Children's Planning Council (CPC) including 45+ representatives of public and private organizations and groups concerned about children, as well as eight geographic Service Planning Area Councils (SPAC) and the American Indian Children's Council (AICC).

In September 2000, the Service Integration Branch (SIB) of the Chief Administrative Office (CAO) convened a two-day forum, drawing county and community representatives together to begin to establish goals and objectives to guide service integration. Participants identified action items and priorities for "making the County's service delivery system more family-focused, culturally competent, accessible, responsive and accountable for outcomes for children."

They also created an ad hoc group representing a broad array of departments, agencies and community partners to draft the Service Integration Action Plan. The SIAP was to be organized into six focus areas: 1) Access to Services; 2) Customer Service and Satisfaction; 3) Multi-Agency Service Delivery; 4) Data Sharing; 5) Funding for Services; and 6) Pursuing Long-term Success. Six Work Groups composed of representatives of County departments, allied agencies and community representatives were organized to oversee completion of agreed-upon tasks in each area.

This report, completed by consultants Jacquelyn McCroskey and Jane Yoo on behalf of SIAP Work Group 3, was designed to assess selected multi-agency service initiatives and identify key lessons learned from their experiences. The consultants have worked closely with Work Group 3 and its Research Subcommittee in the design of the research, data collection and analysis.

Upon completion of the research, members of Work Group 3 developed two major recommendations to enhance "multi-agency services" in Los Angeles County. Although Los Angeles boasts a very large number of multi-agency service initiatives, their development has largely been ad hoc, in response to a broad array of needs and funding opportunities. Work Group 3 has undertaken a systematic effort to examine the current "state of the art," to increase systems-level knowledge about challenges and opportunities, and to guide future development of coordinated, cross-systems initiatives serving children and families.

II. Literature Review

For purposes of this study, the members of Work Group 3 defined “multi-agency service initiatives” as *coordinated mobilizations of family, community and multiple agency resources to support families and children in improving the quality of their lives*.

Integrating Human Services. The question of how to integrate services appears to have been around almost as long as multiple services have been available. The Social Security Act of 1935, a landmark piece of legislation that created many key social programs, also set in place a categorical framework that still guides efforts to serve needy families and children in this country:

The Social Security Act of 1935 instituted federal grants-in-aid for dependent children, the blind and aged, as well as programs for crippled children, maternal and child health, child welfare and public health. Grants were targeted toward specific population groups based on defined categories of need, thereby requiring investigation of eligibility for government assistance. While this 1935 landmark legislation has been amended twenty times, the definitions of client need set the precedent for growth in categorical human service programs in the 1960s and beyond (Hassett & Austin 1997: 10).

Over time, service categories have expanded exponentially, sparking periodic outbursts of energy around efforts to integrate different kinds of social, health and educational services at Federal, State and local levels. In the 1970s, Elliot Richardson, Secretary of Health, Education and Welfare under President Nixon, promoted development of more comprehensive approaches to service delivery through interagency linkages, bringing the term “service integration” into common use. Since the basic framework is categorical, each year there are new ideas that add to the existing categories as well as to the tally of programs under each category – and planners try periodically to integrate or consolidate these programs into a more comprehensive continuum.

Successful integration of human services is also limited by other problems associated with large governmental and bureaucratic structures. Schorr stresses that service integration is a means to an end – one that cannot by itself solve all of the problems associated with a bureaucratic approach to human services (1998: 87).

Because fragmentation is so destructive and because changes at the funding source have seemed so unlikely, the bulk of human-services-reform energy of the past two decades has gone into efforts to integrate services at the point of delivery. The enormous difficulty of this task – of getting local agencies competing for shrinking resources to collaborate instead – has resulted in service integration coming to be seen as an end in itself rather than as a means to achieve improved outcomes. The difficulty of the task has also deflected attention from the possibility that the services being integrated may be inappropriate, of mediocre quality, rendered grudgingly, and wholly inadequate to actual need.

Hassett and Austin suggest that one of the limitations of current efforts to “integrate” services is that these efforts are themselves fragmented (1997: 24-26):

...with so many competing local integration efforts, the movement itself is somewhat fragmented and may do little to remedy fragmentation at state and national levels. While service integration efforts need not – and indeed should not – be orchestrated entirely from the top down, it is essential that state and federal governments play an active supportive role, both in exploring new funding approaches and in helping coordinate efforts and facilitating communication to lessen fragmentation throughout the health and human service system. In a human service system covering a vast geographical and political landscape, attempts to integrate the entire range of services at once are destined to fail. Even when focusing on a distinct and manageable geographic area, service integration efforts need to begin with a strategic focus on a particular set of issues or services.

Collaboration and partnership. Over the last decade, there has been a resurgence of interest in multi-organizational initiatives designed to consolidate the services most needed by children and families. The terms used to describe these arrangements vary – they include “partnerships,” “coalitions,” “collaboratives,” and “consortiums.” Recent literature includes a number of case studies drawn from different communities (Harbert, Finnegan & Tyler 1997; Minicucci 1997; O’Looney 1997) or fields of service (Ochshorn 2000; View & Amos 1994; White 2001), as well as descriptions of the lessons learned by participants (Bishop, Taylor & Arango 1997; Armstrong 1997).

Sofaer notes that coalitions in the health field differ in many regards. In some groups, participants have volunteered to work together, while in others funders may have mandated that representatives of certain organizations participate. Coalitions are designed to meet multiple purposes including (2000: 6):

...information exchange and networking; planning, coordination and resource allocation; implementation of joint programs; making visible the commitments of participating organizations and people; mobilizing community support; promoting policy changes; supporting the professional people who are addressing difficult problems.

Gardner has suggested that groups learn to work together through four levels of increasingly complex interactions (1998: 6-8):

- 1) Information exchange—“First, groups must exchange information about what their agencies now do and which children and families they serve.”
- 2) Joint projects – “Second, we undertake a joint project, convinced that we need to work together to accomplish something that we cannot achieve within our own agencies.”
- 3) Changing the rules – “Building on these essential foundations, we sometimes move up to the more difficult stage of changing the rules. In operating a joint project, we learn that the rules of the system are major barriers to accomplishing the outcomes we share as members of a collaborative.”

4) Changing the system – “Finally, we seek to change the system weaving together the several ingredients of rules changes, new personnel, and new forms of accountability in a strategic package that represents real systems change.”

Some authors distinguish between client-level integration, program level linkages, policy-centered, and organizationally-centered innovation. Client-level integration usually relies on case management by a professional working alone or with a multi-disciplinary team. Program level linkages generally include information about development of trusting relationships between staff of cooperating programs. Policy-centered integration can occur at multiple levels of government, or between decision-makers from public, not-for-profit and business organizations. Organizational innovations are often required in order to experiment with or institutionalize these new approaches.

Theorists have suggested that the concept of “boundary spanning” may be useful in understanding service integration at multiple levels – between programs, organizations or systems. In fact, developing common understanding of how boundaries are perceived is an essential first-order task for any collaborative group (Halley 1997: 165).

...under conditions where many starting points are possible... a critical and fundamental question will be what are the ensuing boundaries: how are services bounded, how is the human service system itself bounded, how are neighborhoods bounded, and so on. The differentiations we make will influence how important questions of integrative effect (e.g., in quality of life and delivery of human services) are ultimately framed, addressed and assessed.

Some efforts have focused primarily on integrating existing services, helping professionals learn how to work together more effectively. Many authors have suggested that communities – and not the professionals employed in the service delivery system – should have the central voice in efforts to improve outcomes for children and families. Integrating the efforts of communities with those of professionals is a more complex task, but one that can make a bigger difference to children and families in the long run. Adams and Nelson note that (1997: 68-69):

Decentering human services, shifting them from the center of the picture of which they are a part, implies that care and protection of children or elders or people with disabilities is a shared responsibility ... involving families, local communities and the state. This more modest view of the role of services does not imply a narrow targeting of intervention on the most critical situations, a common response to budgetary restraint that leaves service providers in the center of a rescue drama. It should lead, instead, to a broadening of the conception of human services, as promoting and enhancing the development of families and communities, as well as responding to problems and deficits.

A community centered approach to integrating services recognizes that professionals are not at the center of helping systems, that most of the caring and controlling in which social workers and other professionals are engaged is done by others – families, kin and neighborhood networks, informal groups, churches, schools, and other organizations.

Only a few studies have compared collaborative initiatives to identify key factors associated with success or failure. One study of inter-organizational collaboration around child welfare in California counties examined four prerequisites – incentives, willingness, ability and capacity to collaborate (Patti & Einbinder 1997). The authors concluded that incentives were the most important of these four factors. Effective external incentives included mandates and funding opportunities (separately, but interestingly not when they occurred together). Internal factors included a smaller number of partners and a broader, more comprehensive focus (Patti & Einbinder 1997: 28).

Collaboration in Los Angeles County. Los Angeles has many multi-agency service initiatives aimed at revitalizing service delivery systems and supporting family and community efforts to improve child outcomes. In fact, by 1995, the CPC had documented several hundred such efforts already underway throughout the county (Los Angeles County Children’s Planning Council 1995).

Two recent studies of collaboration in Los Angeles also merit attention. In 1997, the Los Angeles City Commission for Children, Youth and Their Families asked Karen Hill-Scott to survey agencies concerned with families and children about their experiences with collaboration. She reported that there was “widespread agreement and support for the benefits of collaborative processes” but that “mandated collaboration has created an enormous burden on service providers.” Community-based providers reported that there were unfunded transaction or opportunity costs associated with development of these new collaboratives. They also reported that they would have to limit their participation unless funders also began to provide resources to support development and maintenance of successful collaboratives. Hill-Scott recommended that the field should begin to think more about “culture transformation” and less about developing more new collaborative initiatives (Hill-Scott 1998).

At about the same time, the Los Angeles County Quality and Productivity Commission, was asked to make recommendations to “improve the County’s collaborative efforts among its various agencies in order to realize greater cooperation and accountability while avoiding duplication of efforts and unnecessary expenses.” The Commission’s recommendations included the following:

1. The CAO should examine budget and finance systems to allow for blended funding and encourage implementation of collaborative programs;
2. The County should allocate time and resources for leadership and management training to support collaborative efforts;
3. The County should explore organizational changes including rotation of its strongest managers across department and service areas, participation in interagency groups as a routine part of job assignments, and education for employees about the broad array of services offered by County departments and their role in the larger county system;
4. The County should take steps to increase the flow of information across departments, including a database of available programs, compatible information technology, and dissemination of new and best practices; and

5. Collaborative efforts should be built into performance management systems to ensure that the effort required for successful collaboration was rewarded.

Several factors may have contributed to local experimentation with alternative institutional arrangements. For one thing, Los Angeles is so big, so diverse and so complex that most people realize that one size does not fit all. When policy direction and funding opportunities combined to encourage partnership approaches, leaders of many local institutions seized the opportunity to work together. For another, there was a core group of people skilled in working through the challenges of collaboration. Many of the people who participated in early efforts here (such as development of the Children's Planning Council, the Family Preservation networks and Healthy Start collaboratives) gained partnership skills that they have continued to utilize, teaching and modeling collaborative approaches. Perhaps most importantly, resources to support experimentation have been available from a wide variety of public and private sources.

Yet another explanation of why so many collaborative initiatives have been developed in LA over the last decade, however, may be shared recognition that the service delivery system for children and families is not working very well. Recent statistics on the conditions of children indicate that many families are facing serious problems, that these conditions are widespread, and that current institutions often provide too little help too late to significantly improve child outcomes.

Of course, experimentation with institutional forms, structures and arrangements alone provides no guarantee of improved results for children and families. The most important question about such partnerships is whether children, families and communities are better off. Cross-agency collaboratives – especially those that include partnerships between professional staff and community members – require such substantial investments of time, energy and skill that it may be tempting to mistake the means for the end. Putting a complicated initiative in place is not enough. These efforts need to be able to demonstrate the link between institutional reforms, relationships with communities, and improved outcomes for children, families, and communities.

Increasing collaboration around inter-organizational partnerships and structures suggests that something more than experimentation for its own sake is underway here in Los Angeles. Across the nation, people committed to improving outcomes for families and children have recognized the limitations of the current human services system and are seeking more vibrant and effective institutional forms. The search is premised on the belief that together we can build the capacity of communities and improve the lives of children and families.

III. Research Methods

Members of the Research Subcommittee of Work Group 3 identified four major research questions that should guide data collection for this study. The research questions were:

1. What are the structures, governance models, service delivery characteristics, resources and evaluation plans of a representative set of multi-agency service delivery collaboratives serving children and families in Los Angeles County?

2. What are the key factors that appear to be associated with success for these multi-agency collaboratives?
3. How do community-based collaboratives established for community development purposes differ from collaboratives established by public agencies for service integration purposes?
4. What are the major lessons learned to date in Los Angeles about multi-agency service delivery?

Based on their knowledge of multi-agency service initiatives sponsored by County government and the CAO's recent "Inventory of County Collaboratives and Seamless Service Delivery Programs," members of Work Group 3 identified a set of county-led multi-agency services initiatives to be included in the study sample. They also identified a set of like initiatives that were led by non-county agencies such as cities, schools and foundations. The sample represented the broad array of large-scale multi-agency service initiatives now underway in the County. For example, some were well-established and some were relatively new; some focused on collaboration countywide while others focused on new approaches to service delivery at the community level.

Although the Work Group had originally planned to mail a survey instrument, the consultants suggested that face-to-face interviews would produce more in-depth descriptive data on these complicated initiatives. The consultants worked with the Research Subcommittee to design the research process, draft the interview instrument, and select a representative list of interviewees. In some cases, the group recommended that more than one interview would be required to understand a complex initiative.

Interviews were conducted between July and October of 2001. Letters sent to leaders of multi-agency services initiatives identified by Work Group members requested a one and one-half hour interview with the research team. Leaders were asked to identify anyone else that they thought should be included in the interview. The research team for each interview was to be made up of two or three people, including one of the consultants who would conduct the interview, a Department of Public Social Services (DPSS) staff member who would record the interview, and, when possible, another member of the Research Subcommittee.

The research team completed 19 interviews with individual respondents or groups of respondents who reported on 16 multi-agency service initiatives. The team was not able to complete five other interviews either because designated respondents were not interested in participating (n=3) or because of scheduling problems (n=2). An additional interview was completed with an initiative that was later determined not to meet study criteria. The team also conducted two supplemental interviews with representatives of not-for-profit agencies that act as lead agencies for several community-based multi-service agency initiatives. Supplemental interviews were designed to collect information on how these agencies approach administration of multi-agency service initiatives.

The 19 completed interviews included 28 respondents talking about 16 different multi-agency service initiatives in Los Angeles County. The research team included nine interviewers. Of the 16 initiatives included in this study, County departments led nine and seven were led by other agencies. Of the seven "non-county" initiatives, three were led by the Los Angeles City

Community Development Department (CDD), one by the Los Angeles Unified School District (LAUSD), one by the California Wellness Foundation, one by United Way of Greater Los Angeles and one by the Family Community Council.

Many of these initiatives relied on services provided by community-based agencies under contract to public agencies. When possible, researchers tried to include representatives of contract agencies as well as their public agency sponsors in the research interviews. Thus, the study also includes data from the perspectives of staff from five non-profit agencies that provide coordinated services to children and families. Figure 1 shows the initiatives included in the sample, the number of interviews, the respondents and the Work Group 3 members who participated in the interviews. (Note: Due to traffic problems, two of the interviews scheduled back-to-back were conducted only by DPSS staff members.)

Notes from the interview were drafted by a DPSS staff member and then reviewed by the consultants and other Research Committee members who participated in the interview. Finally, notes from the interview were shared with the interviewees to assure that the data accurately reflected their comments and experiences. Respondents were also asked to provide the research team with descriptive materials, forms and reports that might help to clarify how the initiative worked.

Interviewers used a structured questionnaire to guide the interviews. The questionnaire included questions on structure, governance, service delivery, resources, evaluation and accomplishments of the initiatives. Because each initiative was designed to achieve different purposes in different contexts with different assumptions and operating arrangements, no two interviews were exactly alike. For each respondent, there were questions that did not apply given the special circumstances of that initiative. Therefore, the quantitative findings cited in this report use different base rates (reflecting the number of initiatives for which data were available).

Much of the data collected for this study was qualitative in nature, reflecting the respondents' reflections and subjective judgments about their experiences. The consultants coded many of these responses, organizing them in tables that are displayed in Appendix B. Verbatim comments are also included in the following sections of the report.

Findings reflect the different contexts, experiences, relationships and perceptions of people engaged in the complicated work of trying to improve outcomes for families and children by spanning organizational, disciplinary, community and other boundaries. The research team was extremely impressed by the energy, knowledge and commitment of this extraordinary group of individuals. We thank them for their time, their thoughts, and their dedication to the well-being of our children, families and communities.

IV. Findings

The findings of this study were generated primarily through face-to-face interviews with leaders of 16 multi-agency service initiatives in Los Angeles County. To supplement the interviews, the researchers also relied on documents, forms and reports provided by the respondents. Study findings are described under six major headings: 1) County collaboratives and seamless service delivery programs; 2) description of the sample; 3) factors associated with

success; 4) community-based versus public sector collaboratives; 5) lessons learned; and 6) similarities and differences between multi-agency service initiatives.

1. County Collaboratives and Seamless Service Delivery Programs

As part of the development of the County's first strategic plan, CAO staff surveyed all County departments and commissions in the summer of 2001 to determine the extent to which they were involved in collaborative inter-departmental and multi-agency partnerships. Thirty-four County departments and commissions reported that they were involved in a total of 351 collaborative efforts (note that this number includes some duplication because several departments may have listed their joint programs). Most departments reported that they were involved in a number of different collaboratives, ranging from small time-limited projects to large-scale on-going programs, some of which also included partners from outside county government.

The list of collaborative efforts generated from the survey was quite extensive, illustrating the increasing importance of partnerships to County government. Of the 351 programs listed by County departments and commissions, 205 (or 58%) served children and families. It is noteworthy that the three departments reporting the largest numbers of collaborative programs and services were DPSS (n=60), DCFS (n=35) and Probation (n=29). All of these departments have been actively engaged for some time in countywide efforts to improve outcomes for children and families through cross-agency collaboration and community partnerships.

Figure 2 shows the number of collaborative programs and services described by each County department or commission along with the number of programs they reported that were clearly related to children and families. It also gives some examples of these child and family programs and the kinds of partners involved.

2. Description of the Sample

The first research question guiding this study was:

What are the structures, governance models, service delivery characteristics, resources and evaluation plans of a representative set of multi-agency service delivery collaboratives serving children and families in Los Angeles County?

One of the structures commonly used by funders to establish multi-agency service initiatives is to contract for these services through a Request for Proposal (RFP). Ten of the 16 initiatives in the sample relied on an RFP process – County departments administered four of these initiatives, the City of LA administered three, and three others were administered by other organizations.

County RFP:

Family Preservation

Children's Systems of Care

Children's Services Wraparound

Family Support

LA City CDD RFP:

LA Bridges

Family Development Networks

One Stop Workforce and Industry Centers

Other RFP:

Success by Six (United Way of Greater Los Angeles)

Violence Prevention Initiative (California Wellness Foundation)

Healthy Start (State Department of Education)

Six of the initiatives were not based on a contracting process, but were planned and administered by participating agencies. County departments led five of these initiatives and a not-for-profit consortium led the other.

Initiatives led by County departments:

Interagency Children's Services Consortium

Multi-Disciplinary Family Inventory and Case Planning Teams (LTFSS # 38)

County Family Resource Centers (LTFSS # 39)

Welfare-to-Work Rental Assistance and Housing Counseling Services

Sentenced Offender Drug Court Program

Initiative led by not-for-profit consortium:

Family Resource Center Initiative

The initiatives in this sample were quite diverse. One obvious difference was that some agencies worked with partners to plan a collaborative approach to services, but did not deliver direct services. In some cases, a single agency – often with the advice of an advisory group – developed the concept and oversaw the contracting process. In other cases, multiple agencies worked together to plan and deliver services. Of those initiatives where agencies both planned and delivered services, sometimes these activities took place at different levels in the organization involving different participants, while others involved the same participants. Some initiatives required very large-scale contracting processes (two were statewide) while others contracted for services at a small number of sites. The number and kinds of partners involved also varied greatly across initiatives.

Given such basic differences in structure and approach to multi-agency services, the researchers have tried to be cautious in their interpretation of responses to interview questions.

Structure of the multi-agency service initiatives. Six of 14 respondents reported that they served children and families countywide, and eight served a smaller geographic area (Table 1). While almost all initiatives reported that they targeted services to whole families, many reported that they had additional criteria for targeting services (Table 2). Eleven initiatives reported that they served teenagers, nine reported that they served children, and eight reported that they served either single-parent or two-parent households.

The initiatives also reported that they used different criteria to determine eligibility for services (Table 3). Six of the initiatives were described as being focused on “support or prevention” because they reported that they either used no specific “risk” criteria or were open to all of the families that lived in specified communities. Five were described as having “poverty” criteria

because they reported that they served families who were CalWORKs eligible or had incomes below the poverty level. Four were described as having “systems involvement” criteria because they reported that families were eligible by virtue of their previous involvement with County departments or schools.

Twelve initiatives reported that they had served over 100 clients in the previous year. Only one initiative (Children’s Services Wraparound) reported serving fewer than 50 clients, while others had served many more than 100 clients. The range in number of clients served was very large – from under 50 to over 5000 (Table 4).

All respondents reported that demand for multi-agency services had greatly exceeded their capacity for service provision during the previous year (Table 5). The level of unmet demand is illustrated by some of the comments made by respondents during the interviews:

We are limited by service availability in the community. We need to be more creative, though, because the need is tremendous. (LAUSD Healthy Start)

We see the demand growing as more people within our different systems find out about [Systems of Care]. In Compton, at least 51-100 kids are turned down. It is probably easier to answer this question based on the number of children needing services, and that would be in the hundreds. (Systems of Care)

The demand for this service is tremendous. In Boyle Heights, we can only serve half of the city because the demand exceeds our capacity. If we expanded the empowerment zone, we would double the number of families we could serve. This means that we would have to turn away 1,200 families. (One-Stop Workforce and Industry Centers)

Respondents were asked to make judgments about the “stage” of collaboration that they and their partners had achieved. These stages were suggested by Blank, Potapchuk, Bruner, and Chang (1993) as a useful way of helping people think about the development of multi-agency service collaboratives. The authors do not suggest that these stages are necessarily linear. Although most initiatives will go through all of these stages over time, they may progress at different rates, moving back through earlier stages (for example, with the addition of new partners) or moving quickly ahead given key opportunities. Several respondents indicated that their initiatives were engaged in activities connected with more than one of these stages. Most of the initiatives in this study had been working for some time and saw themselves as now “taking action” or “deepening and broadening the work” (Table 6).

Some comments illustrated the complexity of collaborative relationships, highlighting the skills needed to manage relationships between people representing different organizations and perspectives:

You are always working through all of these [stages]. Key issues have to do with how you manage the money, equity in money sharing and power sharing. (South Bay Counseling Center, Family Support)

We cannot skip steps. If you don’t have the relationships in place, your foundation will be shaky. (LAUSD Healthy Start)

Getting together is the easiest stage... it's easy when there's money. Building trust took a little bit more time. There were concerns about being sensitive to the community and including as many people as possible. This was very time consuming; we spent a lot of time on this stage. But people involved in developing the FRC appreciated being a part of the process. The families bought in on the principles. In keeping with the vision and principles of family support, the process took a long time. (Family Resource Center Initiative)

Governance. The governance structures used to guide these initiatives varied significantly. Some relied on structures commonly used in participating organizations. For example, the City of LA Community Development Department receives federal funds under the Community Development Block Grant (CDBG) that are generally used to fund competitive grant processes. For this round of funding, a special task force convened by the Mayor's Office had made recommendations for CDBG expenditures that included expansion of neighborhood-based multi-agency partnerships.

The initiatives relied on different kinds of groups to plan and guide service delivery. All 14 of the initiatives that responded to this question indicated that they had some kind of collaborative governance body, while 10 reported that they had established additional collaborative bodies to advise on, plan for or deliver services (Table 7).

Decision-making and voting procedures used by governance bodies also varied (Table 8). Ten of the respondents reported that they used consensus decision-making. Of these, three reported that they used a combination of consensus and majority vote. Only two reported that they regularly used a majority vote (the Greater Long Beach Child Guidance Systems of Care project and the One-Stop Workforce and Industry Centers). Most groups reported that they would prefer to be able to work on the basis of consensus, assuring the "buy-in" of all partners. Sometimes, the group could not agree, so majority vote was used as a last resort.

Respondents reported that representatives of partner agencies had a great deal of authority to make decisions on behalf of their organizations in 10 out of 12 of these initiatives (Table 9).

The majority of respondents reported that maintaining effective collaboration required leaders to pay attention to multiple aspects of collaborative functioning at the same time (Table 10). Most reported that leaders paid "a great deal of attention" to building trusting relationships, assuring effective communication, sharing information, assuring the participation of all partners in planning, clarifying the unique goals and interests of all partners, and working through conflicts.

Their comments illustrate the complex nature of collaborative work. Realizing that they need to pay attention to many different kinds of tasks at the same time, these leaders have taken on a multi-faceted balancing act:

There is a great deal of attention to all areas. Some we are working on more now—for example, clarifying the unique goals and interests of each partner. Some, like building relationships, we have always worked at. Trying to keep it going, trying to work on it, is a continuing challenge. (Long-Term Family Self-Sufficiency Project #38)

It depends on the group... One group would put a lot of focus on relationship building, whereas another group would go immediately to goal setting. Even with the groups that are familiar with each other, a lot of collaboratives fail to ask: Who needs to be here? Who is not here that needs to be here? Why aren't they here, and how do we get them here?
(Wellness Foundation Violence Prevention Initiative)

Most respondents (nine of the 13 reporting initiatives) believed that the governance model they used was very successful (Table 11). Four reported that their governance model was only “somewhat successful” (Children’s Services Wraparound, the Interagency Children’s Services Consortium, Sentenced Offender Drug Court Program and the One-Stop Workforce and Industry Centers). The following comment illustrates why governance of these multi-agency service initiatives can be so challenging, requiring skillful negotiation of many possible barriers to success:

On paper the [governance] model in itself is fine, but it is hard to get things done... We can ‘vision cast’ easily, but implementation is trickier. But given the problems entrenched in the County, I don’t know of any other successful models.
(Children’s Services Wraparound)

Service delivery in multi-agency services initiatives. Respondents reported some differences in approaches to providing direct services for families and children. All but one reported that their initiative provided both direct services and referral to other needed services (Table 12). The other initiative (Welfare-to-Work Rental Assistance and Housing Counseling Services) reported that they provided referral services in addition to their primary function of helping families to find affordable housing.

Over half of the respondents reported that they provided mental health services, child care, and transportation services, substance abuse, after-school programs and medical services. While seven initiatives reported that they provide services for families receiving CalWORKs, only one (LTFSS #38) served CalWORKs families exclusively. One respondent reported that their initiative also provided adult day care services.

Two thirds or more of the respondents reported that they referred clients to food resource programs (food stamps, food banks and WIC), child care, adult day care, shelter and CalWORKs services (Table 14).

Nine of 10 initiatives reported that they had a protocol in place to guide staff in following-up on referrals to other services (Table 15). Interviewers were not able to determine exactly how much responsibility staff took for assuring that children and families actually received these needed services. Two initiatives (Children’s Services Wraparound and Systems of Care) provided especially good examples of how follow-up can be incorporated into intervention. In these two examples, families had a lengthy transition period during which assigned case managers continued to monitor their progress.

Two comments illustrate the difficulties for staff and families who rely on referral to outside services:

There is an informal follow-up procedure in place. The provider system is over burdened, and not ready to hear about more demand. This puts us a little bit at risk.
(Long-Term Family Self-Sufficiency Project #38)

Follow up is a part of the protocol, but there is no assurance that there is total follow through.
(Sentenced Offender Drug Court)

Sharing information and maintaining client confidentiality had presented problems for most of these initiatives (Table 16). Seven reported that formal procedures assuring client confidentiality were in place, including a form for clients to sign indicating their consent for cooperating agencies to share specific information. The two that reported that they had “informal procedures” in place (Family Support and Success by Six) focused on preventive services for families whose children were not known to be at risk or to be clients of public agency systems.

The respondents were almost equally divided in terms of problems dealing with confidentiality requirements. Respondents reported that all of these initiatives had struggled with confidentiality requirements at some point in their development. The six that were currently struggling with these issues were relatively new. Seven of the initiatives that were further along in terms of their development reported that they had figured out a way to deal with this issue – they had a protocol in place that appeared to be working reasonably well. Their comments illustrate how big an issue confidentiality can become for such complex initiatives:

Like Sid Gardner said, ‘98% of the excuses given for not sharing information are invalid.’ Other agencies will place restrictions on sharing information although parents permit it. Some agencies are over protective. (LAUSD Healthy Start)

The issue of sharing information is a tricky one, especially among paraprofessionals who are not bound to license requirements, or who are not familiar with professionals’ training on confidentiality. Given the multi-disciplinary teams, this issue of sharing information is very difficult. Staff needs to learn to be flexible and versatile in taking care of reporting requirements. Furthermore, a greater number of professionals are having difficulty with integrating all the services because service integration, by nature, blurs professional boundaries. (Hathaway, Success by Six)

Confidentiality is a huge barrier—both real (legal issues) and perceived (agency “paranoia”).
(Family Resource Center Initiative)

Resources available to multi-agency service initiatives. Not surprisingly, the respondents also indicated that the resources available to them varied both in terms of funding and in terms of personnel (Table 17). Nine respondents reported that they received federal or state funds, seven received county funding, three received funds from the City of Los Angeles, and five received funds from private funders.

Seven initiatives reported that they received funding from only one funding source:

- 1) LTFSS Project #38 (state funding);
- 2) Welfare to Work Rental Assistance (federal funding);
- 3) Family Support (federal funding);
- 4) Healthy Start (State Department of Education funding);

- 5) Family Development Network (federal funding using federal Community Development Block Grant, CDBG);
- 6) One-Stop Workforce (city funding, using federal CDBG); and
- 7) The Violence Prevention Initiative (California Wellness Foundation funding).

Seven of 14 initiatives reported that they received funding from more than two funders. Two initiatives received funds from federal, state and county levels. Two initiatives received funding from federal, state, county, and private sources. One received funding from federal, state, county, and city sources. Two initiatives received funding from state, county, city and private funders.

Both of the non-profit agencies that participated in supplemental interviews about contracting for multi-agency services reported that their agencies received funding from multiple sources. El Centro del Pueblo received funding from all five sources, and Hathaway received funding from four sources.

All but one of the initiatives (Welfare to Work Rental Assistance and Housing Counseling Services) expected their funding to continue beyond the 2001-02 fiscal year.

All seven of the initiatives that reported receiving funds from two or more sources also reported difficulty dealing with the conflicting reporting requirements from their different funders. The comments illustrate the range and depth of problems that service providers face when trying to reconcile the demands of different funders:

*Yes, [the different reporting requirements of different funding sources have been a] huge [issue]. The Medi-Cal requirements are contradictory to the Wraparound model. Medi-Cal is compliance driven, whereas Wraparound is needs-based.
(Children's Services Wraparound)*

It's crazy. There are too many forms to fill out, plus there are the monthly and yearly reports for the City and the County. (Family Resource Center Initiative)

Funding comes with its own vision. But often what the center needs is the money, not all the specific service requirements of the funding. The center uses a lot of creativity in bringing the funds together to provide the services that meet the needs of the client families... This component is extremely cumbersome. (Hathaway, Success by Six)

A comment from a foundation program officer illustrates the difficulties involved on the other side of the equation – developing practical and effective ways to fund collaborative efforts can also be challenging:

*The power dynamic is also a barrier because as a funder, we wield a lot of power, and there is no course on how to exercise power ethically and responsibly. No one trains a single person in these foundations on how to be polite, respectful and humble. The biggest pitfall of this job is that you are likely to become cynical, arrogant and out of touch.
(Wellness Foundation Violence Prevention Initiative)*

Multi-disciplinary teams and personnel management. Two-thirds of the respondents reported that they used multi-disciplinary teams to develop service plans and/or to provide direct

services (Table 18). Some relied on multi-disciplinary teams organized by contracted networks of providers, while others organized multi-disciplinary teams of public agency employees. For many service providers (but especially for the public organizations) the use of multi-disciplinary teams signaled a substantial change in business-as-usual. These new challenges had required substantial investments in training and support.

Three of the initiatives (Welfare to Work Rental Assistance, Sentenced Offender Drug Court, and One-Stop Workforce) did not have teams and one had not yet begun to develop the teams that were envisioned (LTFSS #39). One respondent made the point that such teams do not just need different kinds of professionals, but that they should also include parents and children in making crucial decisions about their own lives.

Yes, we draw from various disciplines. But in Wraparound we're trying to get rid of the term 'multidisciplinary' because it reflects the traditional model of professional staff from different disciplines. In Wraparound, the child and family are core members of the team; they play a very active role in service planning. (Children's Services Wraparound)

About half of these initiatives had worked to reconfigure job descriptions or work expectations for staff members (Table 19). In only 2 of 12 initiatives (LA Bridges and LTFSS #38) were any of the staff members being supervised by people from a partner agency rather than by supervisors from their employing agency.

The comments illustrate why traditional assumptions about workload and case flow may need to be set aside in order to achieve the purposes of multi-agency initiatives.

We are now working on changing the job descriptions because we want Systems of Care workers to be seen as different than regular, outpatient workers for the purpose of giving them more money. This is especially difficult work and they are on call 24 hours a day. Their work is different from that of the traditional outpatient therapist, yet they are being reimbursed at the same rate. (Systems of Care)

We're moving away from a caseload model of 'how many kids get assigned to staff' to a model that allows staff to work around the family's needs. This makes it more user-friendly for families. (Children's Services Wraparound)

Data and evaluation of multi-agency services initiatives. The respondents also indicated that they had faced difficulties in evaluating the effectiveness of their efforts. Eight of ten respondents reported that their initiative had adequate access to the data needed to plan and implement services (Table 20). One respondent noted that recent improvements in the "infrastructure" for available data have helped to improve planning and to support the development of new multi-agency service initiatives.

Things have changed dramatically in this arena since 1992. There has been greater access to data via the internet, United Way, and Children's Planning Council. The central office also provides data to the sites. (LAUSD Healthy Start)

Twelve of fourteen respondents reported that members of the initiative had now agreed on the outcomes they were seeking for children and families and had defined these outcomes in measurable terms (Table 21). The same number reported that their initiative had an evaluation

plan (Table 22). Two others reported that they were working to develop an evaluation plan (Family Support and the Family Resource Center Initiative). Ten reported that data were being collected and documents outlining findings from the evaluation were available.

Client Satisfaction. Respondents were also asked whether they asked clients if they were satisfied with the services provided (Table 23). Six of the eleven initiatives responding to this item collected data on client satisfaction. The comments illustrate differences in opinions on the value of collecting data on client satisfaction.

The client surveys that are returned are very positive. Our clients love us; we are like family to them. We feed them and we nurture them.
(Systems of Care)

There is some skepticism around how valid the responses are [from client satisfaction surveys]... [these] studies are inherently biased. Clients that complete the surveys tend to be those clients that have successfully completed the program, and these clients often give the answers that evaluators want to hear.
(Sentenced Offender Drug Court Program)

We don't do a formal customer satisfaction survey, but we do a few things. We have a public liaison unit that responds to complaints and conducts sessions with owners and tenants (like focus groups) to learn more about what is going on. We use rating sheets to let clients evaluate these sessions. We also have quality control inspectors who pick a random sample of units and go out to do another review of the state of the housing units (to measure reliability of initial inspections). (Welfare-to-Work Rental Assistance and Housing Counseling Services)

3. Factors Associated with Success

The second research question guiding the study was:

What are the key factors that appear to be associated with success for these multi-agency collaboratives?

Perhaps it is not surprising, given the challenges of multi-agency service initiatives, that those who devote their time and energy to these complex efforts are likely to see them as beneficial. All of the respondents reported that their initiatives had been successful on a number of fronts although they still faced challenges and barriers. Respondents reported different kinds of accomplishments (Table 24). For example, about 75% of respondents reported that they were meeting the needs of the target population and 66% reported that they were building effective partnerships.

Respondents reported success in both process variables associated with transorganizational collaboration (e.g., establishing shared values; sharing resources; diversifying funds; building partnerships), and in terms of improvements for clients (e.g., addressing needs of target population, accomplishing objectives). This is good news—suggesting that there is a dynamic tension between ends and means, and that collaboration does help to create real changes that help families and children.

Many respondents focused on the processes of collaboration, underlining suggestions from Gardner (1998) and others that groups learn to work together in increasingly complex ways over time. Collaboration is so challenging that people need to pay close attention to process issues (e.g., changing attitudes, negotiating changes in service delivery) without losing sight of their ultimate purposes.

Many respondents commented on the rewards and importance of collaboration:

Absolutely, no question [that the rewards of collaboration exceed the value of the time, effort and resources needed] on the provider side. We still have a long way to go on the public side, but collaboration has been worth it. We don't have an option.
(Children's Services Wraparound)

We have yet to reach our ultimate goals, but we have seen an amazing connection of systems, communities, and shared goals. The community has bought into the concept. It is very exciting to do this work and to be a part of such an important endeavor.
(Family Resource Center Initiative)

One of the benefits mentioned by respondents was that collaborative efforts help people see that they are not alone in striving to solve difficult problems.

It may sound like a cliché, but one measure of success is that everyone has learned that we are not alone. And if anything, the relationships developed outlast any initiative.
(Wellness Foundation Violence Prevention Initiative)

A few comments illustrate how respondents could tell that they were meeting the needs of the target populations:

Sixty-six percent (66%) of the students feel safer before and after school. Ninety-nine percent (99%) of parents supervise their kids... 66 percent decrease in the drug use.
(LA Bridges)

It has been quite amazing. We have avoided a lot of overlap in services by coordinating with other entities... The biggest accomplishment would be that over 90 percent of the children we serve who are at risk of residential care do not go into higher levels of care... Most of the children come into the program kicking and screaming, but at the end of the program, they do not want to leave. (Systems of Care)

Others commented on success in building partnerships:

Schools have the ability to partner with community agencies. This is very different from years ago. (LAUSD Healthy Start)

We gave a set of grants to 16 organizations statewide on the theory that communities know best what they need. Our assumption was that no one can do this alone; they need broad involvement, but there is no set formula. They had to do more than just social services... the kinds of activities and participation differed across communities.
(Wellness Foundation Violence Prevention Initiative)

Some noted that their initiatives had helped to change prevailing ideas about “regular” service delivery:

*Because of the success of Wraparound, the County wants to embrace some of the same principles and values. The success of Wraparound is that it is becoming the beginning of a profound change in the delivery of services to high-end children and families.
(Children’s Services Wraparound)*

We have created an infrastructure and relationships that will still be here even after we are gone. We have created a service delivery model that is different from the one any of us had before in this process. We created the opportunity to look holistically and to partner in the community differently. (South Bay Center for Counseling, Family Support)

Because of this initiative we have transformed the traditional service delivery system [in child protective services]... We have transformed an authoritative service delivery system into a private/public partnership. (Family Preservation)

Successes notwithstanding, respondents also described many barriers to establishing successful multi-agency initiatives. Nine reported that lack of resources was a key barrier to successful collaboration. About a third reported barriers associated with the difficult and time-consuming nature of collaboration. Three reported that barriers such as lack of bi-lingual staff, lack of flexibility, mistrust or power struggles had limited the success of their initiatives (Table 25).

One respondent commented about the impact of resource limitations:

Our other challenge has been [seeking] additional funding that allows all kinds of families to participate. One of the challenges with the funding from DPSS is that it is limited to CalWORKs participants only. We have to blend our funding to make sure that all our families could be served. (Family Preservation)

Others commented on the challenges of reaching a common understanding, language and set of assumptions:

*Language and expectations were the biggest barriers. Using a lot of words that had a lot of different meanings influences expectations. What’s community action? What’s policy advocacy? What’s collaboration? All of these terms influenced what the expectations were as far as what they need to do and what kind of power they wanted.
(Wellness Foundation Violence Prevention Initiative)*

Others commented on the difficulty of finding staff, especially bi-lingual staff, who could do the work:

*We are limited in paying workers what they need; they do extremely difficult work. We are limited in our Wraparound funds, and we have a shortage of bilingual staff.
(Systems of Care)*

*Finding qualified, multi-lingual, multi-cultural staff is challenging. The County is so diverse. We need language capabilities; this raises the cost of daily business.
(Children’s Services Wraparound)*

Another commented on the importance of trusting relationships:

We are presented with barriers consistently. Relationship building and trust are critical to the success of a collaborative, but they require a lot of time—something that [grants] don't want to pay for. (Hathaway, Success by Six)

Several commented on the barriers created by bureaucratic approaches to business-as-usual:

We are working against tradition... It is difficult to make changes to bureaucracy; change in itself is hard, and there are a lot of nay-sayers. In order to be successful, there must be a boss that believes in the program. (Sentenced Offender Drug Court)

*There are disincentives for any department to split resources—in essence, to establish a 'branch' office. What is the advantage of doing this without support from the top? Absent policy direction, how do we solve these operational problems?
(Long-Term Family Self-Sufficiency, Project #39)*

4. Community-Based versus Public Sector Collaboration

The third research question was:

How do community-based collaboratives established for community development purposes differ from collaboratives established by public agencies for service integration purposes?

Study findings did not provide clear answers to this research question. The different ways that community-based agencies approach working in collaboratives to provide multi-agency services may be instructive in understanding the range of possible answers to this question. Supplemental interviews with respondents from Hathaway and El Centro del Pueblo about how their agencies approach this work are briefly summarized below. Both agencies are involved in several of the initiatives included in this study.

Hathaway. Hathaway administers a number of programs clustered under four strategies that were developed with community input: early childhood, youth intervention, youth prevention, and adult and family services. It receives funding for these services from state, county, city and private sources. It participates in several multi-agency services initiatives including Success by Six, Family Development Networks, LA Bridges and others.

Hathaway is a large agency, historically focused on residential treatment and mental health counseling services. About ten years ago, it decided to invest in provision of more preventive, neighborhood-based services, creating the Hathaway Family Resource Center in a beautiful home-like building owned by the agency. The Center is not organized around one funding stream, but seeks funding that supports its vision, building upon existing programs and coordinating multiple programs so that each augments the other.

The [Hathaway Family Resource Center] has been successful in bringing in many resources—federal, state, county, city and private grants. Service provision through the Center is entirely different. It is not traditional collaboration; instead, it is very integrated.

It works with many partner agencies and with neighborhood leaders. Agency leaders and staff members believe that no one agency can have all the knowledge and skills that may be needed by families and communities, and have seen how much they benefit from working with other providers. Key “strategies” are developed through community councils, supporting the value that the community can and should identify its own needs and ways to meet these needs.

How community residents organize is very different from how agencies and institutions organize. Residents organize around issues. This is why the Council is effective. It brings to the table the different levels of expertise in the issues that the community cares about.

One of the key challenges has been development of an administrative model that allows the agency to participate in multiple efforts to “integrate services” – with all the time and energy commitment that participation implies. The Family Resource Center has only a few administrative staff and must assure that participation in multiple initiatives does not drain too many agency resources, thereby limiting overall effectiveness. At the same time they are sensitive to perceptions about monopolizing available funding, working to assure that taking on leadership for multiple efforts is not perceived by others as being “power hungry.”

Their approach to handling funding from multiple streams related to “integrating” services is to blend funds inside the agency.

[Hathaway took it upon themselves to blend the funding] in an effort to focus on outcomes, not just services. When funds aren’t blended, it becomes an inhibiting factor. Unfortunately, there is no incentive for agencies to blend funds because it is difficult and requires resources and a great deal of will and creativity.

El Centro del Pueblo. El Centro del Pueblo also provides a broad range of services, participating in a number of different multi-agency service initiatives including Family Preservation, LA Bridges, Family Development Networks and others. It receives funding from federal, state, county, city and private sources, and skillfully negotiates the different bureaucracies responsible for funding streams at each of these levels.

Both agencies struggle with issues related to “growing” their services. El Centro was established by and for the community, reflecting that commitment in staff recruitment and hiring as well as in its approach to working with families and neighborhoods. About one-third of the agency’s employees grew up or reside in the communities served. One of the key challenges has to do with how to integrate or balance the strengths of paraprofessionals who know about and are deeply committed to local neighborhoods, with those of professionals. A mid-management level training program including both groups is structured to help staff members learn to work together and value each other’s education and/or experience. Leadership training is also designed to help staff learn how to partner with funders, to participate effectively in decision-making bodies and to advocate for the needs of the communities they serve.

Another challenge raised by respondents from the two agencies is how to respond to the different requirements associated with separate funding streams. Because needs were increasing and resources were scarce, the neighborhoods served by El Centro had strong

partnerships in place even before the opportunities for multi-agency service funding were available. Given funding guidelines and restrictions, agency leaders realized that their best approach was to manage funds separately, "blending services" within the agency. They hired an outside consultant to develop a framework, working with mid-management staff on trust issues, clarifying each director's program services, sharing information and confidentiality and internal referral systems. Although there are different funding streams, some services are the same. In order to take advantage of available funding for multi-agency services, El Centro first had to develop an internal approach to service integration .

We don't blend these pots of money; we have different directors for each and try to keep them distinct. Sometimes we have [internal] issues trying to understand each other's programs, and trying not to do 'double-dipping.'

Responding to two or three different requirements is challenging enough, but the complexity of the effort increases geometrically with each new funding stream.

The reporting requirements across programs are totally different—it would be nice to consolidate reporting requirements. All the grants that are coming in now are collaborative, which I feel is a good thing....The funding years also differ

Given differences in their approaches to fund management (one strives to blend funding and the other works to keep funding streams separate and distinct), it is not surprising that El Centro also takes a different approach to coordinating services.

The funds are not blended and have been kept separate administratively. We have four different city funding streams, and four different county funding streams and the reports for each one is different. We do monthly reports for our Board meetings for the whole agency as well as for our executive director. For a previous program, we had an independent evaluation team to evaluate the program to determine if it was an effective model and since it was determined that it was, we adopted that case management model with our current FDN model. We constantly evaluate the numbers and depend on information from ISIS (computerized information system).

These examples illustrate the different approaches taken by two highly-regarded community-based agencies that have invested a great deal of time and energy in multi-agency service initiatives. Based on these examples, it appears that community-based agencies (acting on behalf of community collaboratives) with a focus on community development may indeed differ from some other kinds of collaboratives, especially those established by large public agencies where the focus is primarily on integrating existing services.

5. Lessons Learned

The fourth research question guiding the study was:

What are the major lessons learned to date in Los Angeles about multi-agency service delivery?

Respondents described many of the lessons they have learned through participation in multi-agency services initiatives (Table 26). A number reported that the primary lessons learned

were about the importance of trusting relationships between partners. Others referred to the importance of adequate resources and good staffing, suggesting that sometimes it is better to take slow but sure steps in the right direction, rather than rushing prematurely to closure.

While the power of trusting relationships may be obvious in some contexts, it has not always been obvious in the context of service delivery. In many service arenas, people think more about expertise and credentials than they do about a person's ability to build trust with coworkers and the families they serve. The implications of a focus on relationships were also mentioned by many respondents – relationships require time, skill, organizational understanding and political savvy. Negotiation of turf issues is a continuing challenge.

Finding and nurturing the people who can do this work presents a number of challenges. Respondents reported that there are not enough workers to fill positions, at least in part because these ventures require staff with open, flexible attitudes and values that match collaborative purposes. Finding workers that have the "right" attitudes about collaboration is more difficult than finding staff with the right skills and degrees. The increasing need for bi-lingual staff magnifies these challenges.

Many respondents have struggled with how to help people learn to value collaboration. Most professional preparation programs stress development of specialized expertise, valuing independence more than interdependence, and giving little attention to the perspectives and beliefs of families. For this reason, some initiatives have chosen to rely more on non-professionals or paraprofessionals.

Some talked about how important it is to keep the vision in mind, keeping the focus on the families and communities. Respondents who stressed the importance of "focusing on families and communities" seemed to be talking about keeping one's eye on the ends to be achieved, rather than on the processes of collaboration. Clearly, collaboration is hard work, and as many respondents noted, it's easy to get lost in policies and procedures – forgetting that it is ultimately about families and children, not about organizations or staff.

A few comments illustrate the lessons learned by people working in these initiatives about relationships:

Relationships are key. Trust, sharing information, being honest about what is feasible and what is not are essential elements of a successful collaboration.
(Hathaway, Success by Six)

We have created alliances. I didn't appreciate the benefits, power and satisfaction of collaboration... I have always had the ideals, but now I have partners.
(South Bay Counseling Center, Family Support)

Others commented on lessons learned about resources:

Collaboration is difficult, but when it works, it can be a powerful change agent. When the vision is large, there are costs involved; we need to resource the effort properly. True collaboration happens at the top and throughout the entire system. And, we must highlight what's working well... strengths are often not emphasized enough.
(Children's Services Wraparound)

It takes a considerable amount of time to go through the process that is necessary to build trust and to have shared values to make this happen. This process also requires money, but we're not funded for the process of relationship building.
(Family Resource Center Initiative)

Respondents commented on why it is so important to focus on families and communities:

Also, we can't go on unless a vision is in place. It took a considerable amount of time to focus on this specific task. There are so many distractions...
(Family Resource Center Initiative)

Having had experience in other agencies, ethics and the values of collaboration will prevail. The benefits and rewards are endless... collaboration benefits the community as well as individuals. There is pressure to grow at all costs, but we must focus our attention on the community. (El Centro del Pueblo, Family Preservation)

6. Similarities and Differences Between Multi-Agency Service Initiatives

Recognizing that these initiatives were established for different purposes by different sets of partners at different points in time, the consultants also analyzed the data to see if they could find patterns that might help explain some differences between initiatives. The five questions that guided analyses focused on the differences between initiatives in terms of agency auspices, length of time in operation, scale, use of a contracting process, and focus on prevention versus treating known problems. Few differences were observed based on any of these variables.

The first analytic question was: *Were there differences between initiatives led by county agencies and those where the lead agency was another public agency or a private agency?*

The chart below shows the institutional auspices of the agencies that led the 16 initiatives. County departments led nine of the initiatives, four were led by other public agencies and three were led by private organizations.

Multi-Agency Services Initiatives Developed Under Different Institutional Auspices		
County Agency	Other Public Agency	Private Agency
1. Family Preservation 2. Interagency Children's Services Consortium 3. Children's Systems of Care 4. LTFSS Project #38 5. Children's Services Wraparound 6. LTFSS Project #39 7. Welfare-to-Work Rental Assistance and Housing Counseling Services 8. Sentenced Offender Drug Court Program 9. Family Support	10. LA Bridges 11. Healthy Start 12. Family Development Networks 13. One Stop Workforce and Industry Centers	14. Success by Six 15. Family Resource Center Initiative 16. Violence Prevention Initiative

The analyses showed no significant differences among the initiatives due to the auspice of the lead agency. There were no differences in the stages of development reported by respondents (Table 27). Only a few of the initiatives were reported as being in early stages of development, and most initiatives from all three groups were reported as being in later developmental stages. There was little difference in the success of the governance models used – all respondents rated their governance models as “very” or “somewhat” successful (Table 28). Confidentiality problems were reported as problematic under all of the three kinds of leadership auspices (Table 29).

The second analytic question was: *Were there differences between initiatives depending on the length of time initiatives had been in operation?*

Four of the initiatives were established between 1990 and 1993, four between 1994 and 1997 and half had been established since 1998 (Table 30). There were few significant differences among initiatives based on the year they were established. One analysis suggested that initiatives established recently might be somewhat more likely to focus on the whole family (Table 31). There were few differences among initiatives in terms of their stage of development; only one of the most recent initiatives was rated as being in the initial stage, and most were rated as being in later stages of development (Table 32).

The third analytic question was: *Were there differences between initiatives operating at different scales?*

There were no differences between initiatives that covered the entire county versus those that served a more limited area of the county either in terms of their target populations (Table 33) or success of their governance models (Table 34).

The fourth analytic question was: *Were there differences between initiatives that worked through an RFP process to select networks of agencies versus those where the key partners were directly involved both in planning and direct service delivery?*

Analyses suggested that there were some differences between two groups of multi-agency service initiatives – those that used contracting processes and those that did not. It appeared that contracting was less often used to provide services for families with incomes at or below poverty-level (Table 35). (This difference may, however, have been due to the special circumstances of the LTFSS plan, including creation of several multi-agency service initiatives that did not use contracts.)

There were no differences between the two sets of initiatives based on their reported stages of collaboration. One initiative from each of the groups reported being in early stages of development (under RFP, Wraparound was “getting together” and under non-RFP, SODC Program was “building trust”) (Table 36).

Overall the number of respondents who rated their initiatives as only “somewhat successful” was quite small (Table 37). (In the RFP group, respondents for Wraparound and One-Stop rated their initiatives as “somewhat successful;” in the non-RFP group, respondents for the Consortium and SODC Program rated their initiatives as “somewhat successful.”)

There were no significant differences between groups in terms of having an evaluation plan or collecting data (Table 38).

The fifth analytic question was: *Were there differences between those initiatives that focused primarily on preventing family problems versus those that targeted families whose children already had serious problems or were most at risk of developing substantial problems?*

Half of the initiatives focused primarily on prevention and half primarily targeted families with at-risk children or youth. There were no significant differences observed between the two groups. (Note: Initiatives that included both components are listed here under the category where they placed most emphasis.)

Focus on prevention:

- Family Support
- Success by Six
- Violence Prevention Initiative
- Healthy Start
- Welfare-to-Work Rental Assistance and Housing Counseling Services
- One Stop Workforce and Industry Centers
- Family Resource Center Initiative
- LA Bridges

Focus on at-risk families or youth:

- Family Preservation
- Children's Systems of Care
- Children's Services Wraparound
- Sentenced Offender Drug Court Program
- Family Development Networks
- Interagency Children's Services Consortium
- Multi-Disciplinary Family Inventory and Case Planning Teams (LTFSS # 38)
- County Family Resource Centers (LTFSS # 39)

VI. Implications and Conclusions

The findings of this study affirm the perception that Los Angeles is a place that supports and invests in collaborative efforts to serve children and families. The good news is that Los Angeles has a talented corps of people who have the experience, knowledge and skills to make multi-agency services initiatives work. A very broad range of public and private agency staff members have invested their time and energy in planning and running these initiatives – and the rest of us have a good deal to learn from their experiences.

Major conclusions based on analysis of data collected through this study are:

1. Planning and implementing effective multi-agency service initiatives is a complex and challenging endeavor. Since no two initiatives are alike, the challenges are constant and varied, requiring determination and perseverance from those who would start, lead and participate in such efforts. At the same time, these initiatives reported that the rewards are substantial – both in terms of changing business as usual and in terms of benefits for children and families.

2. Some service arenas may benefit more from collaborative approaches to planning, inter-agency cooperation, or agency-community partnerships. Of the specific service arenas addressed by the initiatives in this sample, three may warrant more systematic exploration:

a) One area that is extremely salient for County government is more systematic structuring of partnerships serving the most vulnerable, at-risk children and youth for whom the County stands *in loco parentis* – children under the care of the Departments of Children and Family Services, Probation and Mental Health. A number of the partnership initiatives included in this study (Family Preservation, Systems of Care, Wraparound, the Consortium, Sentenced Offender Drug Court Program) address this population, but the structure to integrate these efforts or to link them to the existing system is limited or inadequate.

b) A second arena could be further development of County and City collaborative efforts to serve pre-delinquent youth and their families. Several of the initiatives in this study address this population (LA Bridges, Family Development Networks, One Stop Workforce and Industry Centers, Violence Prevention Initiative, Sentenced Offender Drug Court Program), but again there is little cross-jurisdictional infrastructure to link these efforts. In this area, it might also be useful to systematically connect initiatives designed to prevent violence and delinquency with proactive opportunities for positive youth development.

c) A third arena for further joint planning could be around prevention and early intervention. Because there have been so few resources available, a number of organizations have used collaborative opportunities to plan for and provide preventive supports and services needed in communities across the county. Initiatives in this sample that focus on prevention included Family Support, the Family Resource Center Initiative, Family Development Networks, Welfare-to-Work Rental Assistance and Housing Counseling Services, Success by Six and Healthy Start. The institutional auspices for such an umbrella effort could include the Children and Families First Proposition 10 Commission, cities, schools and private funders along with County government.

3. Since a large number of these initiatives rely on contracts with community-based collaboratives, special attention is needed to assure that contracting processes support the purposes of multi-agency services initiatives. The fact that so many of the initiatives in this study (10 initiatives from a total of 16) involve contracting suggests that County departments need a shared framework for contracting and more systematic ways to share the lessons they learn across departments, with other funders and with contractees. County government should examine the processes commonly used to issue RFPs, to rank and fund proposals, and to evaluate the outcomes of contracted services. For example, an RFP for multi-agency services could be quite different from one used to solicit bids from individual agencies. In cases where solicitations bring responses from individual agencies and from networks of agencies, how might evaluative criteria differ?

4. Despite their differences, staff from all of these multi-agency service initiatives share a need for access to technical assistance, training and other supports. Most respondents reported needs for more knowledge and skills in a number of areas. For example, many needed cross-agency training, guidelines for sharing staff across agencies, help with cross-agency supervision, managing multi-disciplinary teams, access to communications technology, and skills in evaluating the effectiveness of collaborative ventures. It may be easier for staff of public agencies to make the case that they require technical assistance, training and support that goes above and beyond the resources available for “regular” services. It is much harder for staff of contract agencies, especially smaller community-based agencies, to squeeze “extra” resources from their agencies’ budgets. County government and its partner agencies should consider joint development of a network or entity that would promote collaboration, provide training and offer technical assistance – linking all of the public and private agencies that are working to promote new ways to support families and build community capacity.

5. Multi-agency services initiatives have been designed under different auspices to meet different needs taking different approaches—as a result, they reflect the fragmentation of the overall service delivery system. Study findings underline similarities among multi-agency service initiatives as well as the many ways that existing initiatives differ from each other. Researchers also noted a recurrent theme across initiatives – no matter how hard participants worked to integrate and align their efforts, sooner or later they ran into resistance from the rest of the system. Having worked hard to develop new relationships and skills in multi-service collaboration, staff also struggled with maintaining connections with their “home” agencies and translating the lessons learned for those who only had experience in single service settings.

The findings of this study suggest that it may be time to move beyond “pilot projects” designed to demonstrate the benefits of multi-service and multi-agency approaches. Those most concerned about the well-being of children and youth in Los Angeles should work toward more systemic and far-reaching implementation of the lessons learned from experimentation with collaboration to date. The many dedicated people who have designed and implemented these initiatives represent a significant resource – a critical mass of people with collaborative skills and experience working with communities to craft more effective partnerships. The key challenge for the future is to take the lessons learned from these pilot projects to scale so they can serve children and families across the entire county.

References

- Paul Adams & Kristine Nelson. (1997). Reclaiming community: An integrative approach to human services. In Michael Austin (ed.), Human services integration. New York: Hayworth Press: pages 67-82.
- Katherine Armstrong. (1997). Launching a family-centered, neighborhood-based human service system: Lessons from working the hallways and street corners. In Michael Austin (ed.), Human services integration. New York: Hayworth Press; pages 109-126.
- Kathleen Kirk Bishop, Mary Skidmore Taylor, & Polly Arango (eds.). (1997). Partnerships at work: Lessons learned from programs and practices of families, professionals and communities. Burlington, VT: Partnerships for Change, University of Vermont Department of Social Work.
- Martin Blank, Bill Potapchuk, Charles Bruner, & Hedy Chang (1993). Community collaborative wellness tool: Improving results for children, youth, families and neighborhoods. Washington DC: Together We Can, Institute for Educational Leadership.
- Sid Gardner. (1998). Beyond collaboration to results: hard choices in the future of services to children and families. Fullerton, CA: Arizona Prevention Resource Center and Center for Collaboration for Children.
- Alexis Halley. (1997). Applications of boundary theory to the concept of service integration in the human services. In Michael Austin (ed.), Human services integration. New York: Hayworth Press: pages 145-168.
- Anita Harbert, Daniel Finnegan and Nancy Tyler. (1997). Collaboration: A study of a children's initiative. In Michael Austin (ed.), Human services integration. New York: Hayworth Press: pages 83-108.
- Seth Hassett & Michael Austin. (1997). Service integration: Something old and something new. In Michael Austin (ed.), Human services integration. New York: Hayworth Press: pages 9-30.
- Karen Hill-Scott. (1998). Report on collaboration. Presentation to the Children's Planning Council, February 6.
- Los Angeles County Children's Planning Council. (1995). Collaboratives for children, youth and families in Los Angeles County, second edition. Los Angeles, CA: author.
- Los Angeles County Quality and Productivity Commission. (1998). Recommendations for improving collaboration in Los Angeles County. Los Angeles: author.
- Catherine Minicucci. (1997). Assessing a family-centered neighborhood service agency: The Del Paso Heights model. In Michael Austin (ed.), Human services integration. New York: Hayworth Press: pages 127-144.
- Susan Ochshorn. (2000). Partnering for success: Community approaches to early learning. A report on partnerships in low-income communities. New York: Child Care Action Campaign.
- John O'Looney. (1997). Making progress toward service integration: Learning to use evaluation to overcome barriers. In Michael Austin (ed.), Human services integration. New York: Hayworth Press: pages 31-66.
- Rino Patti & Susan Einbinder. (1997). Organizational factors associated with collaborative service arrangements. Final report. Los Angeles, CA: University of Southern California School of Social Work.
- Shoshanna Sofaer. Working together, moving ahead. A manual to support effective community health coalitions. New York: Baruch College, School of Public Affairs, City University of New York.
- Virginia View & Kim Amos. (1994). Living and testing the collaborative process: A case study of community-based service integration. Executive summary of the Promoting Success in Zero to Three Services Project. Washington DC: Zero to Three.
- Andrew White. (2001). Community partnerships for protecting children: Citizen power for stronger families. New York: Edna McConnell Clark Foundation.

Appendix A. SAMPLE DESCRIPTION

Family Preservation. Family Preservation is designed to strengthen community capacity to support and preserve families whose children are at risk of placement in out-of-home care. Over 25 networks of community-based agencies provide family preservation services to children, youth and their families countywide. Services include in-home outreach counseling, outpatient mental health services, teaching and demonstration homemaking services, mentoring, substance abuse treatment, parent training, and respite care. Services are planned by a multi-disciplinary case planning team that involves the client family in developing individualized case plans. Established in 1993, this program is administered by the Department of Children and Family Services through contracts with networks of community-based agencies.

Interagency Children's Services Consortium. A consortium of directors from the Departments of Children and Family Services, Mental Health, and Health Services, Probation Department, Office of Education, and the Chief Administrative Office was formed in 1998 to develop an intensive care system for children in, or discharged from, the MacLaren Children's Center. The Interagency Children's Services Consortium brings together the highest level of administration in these departments to provide leadership in developing a community-based, long-term intensive care system for children and families involved in multiple agencies. Under the direction of the consortium, a ten-child pilot of wraparound services was implemented at MacLaren Children's Center. This pilot is the basis for the County's wraparound model. The Chief Administrative Unit, the operational arm of the consortium, guides its implementation.

Children's System of Care. Systems of Care is a nationally recognized service model adopted by Los Angeles County in 1998. The County Department of Mental Health works with a broad range of partner agencies to oversee planning and implementation. The program targets children and families involved in multiple service systems, including mental health, child welfare, education and juvenile justice. The overarching goal of Systems of Care is to coordinate services across systems in order to avert overlaps in service, and to ensure continuity of care. This specialized family-centered and child-focused program aims to prevent out-of-home placement, enhancing the functioning of children and families. Service plans are tailored to the individual needs of families—each of whom works closely with a multi-agency team led by a case manager in accessing a very wide range of formal and informal services.

Long-Term Family Self-Sufficiency, Project #38 (Multi-Disciplinary Family Inventory and Case Planning Teams). "Project 38" of the Long-Term Family Self-Sufficiency Plan was designed to assess the strengths and problems faced by families participating in the CalWORKs program. It is led by the Department of Public Social Services in partnership with public advocates and representatives from the Departments of Mental Health, Children and Family Services, Health Services, the Probation Department, Office of Education, and Los Angeles Unified School District. It specifically targets families starting Job Club, and currently is available in Carson, Downey, East Los Angeles, and El Monte. This program is relatively new, although it has already served over 1,500 families with the completion of strength-based inventories that assist the case teams in linking families to a broad array of services. Services have been provided in these areas since October 2000, but there are plans to expand services countywide.

Long-Term Family Self-Sufficiency, Project #39 (County Family Resource Centers).

"Project 39" of the Long-Term Family Self-Sufficiency Plan was designed to expand access to family resource center services for families known to more than two county departments. Led by the Department of Public Social Services, in collaboration with the departments involved in Project 38, this project focuses on developing co-located, collaborative sites in which staff from County departments can serve families in a more comprehensive, integrated and efficient manner. Still in the planning stage, the intention is to provide services countywide.

Children's Services Wraparound. Wraparound is an intervention model used across the country to serve children with multiple needs who are in out-of-home care. The Chief Administrative Unit (the operational arm of the Interagency Children's Services Consortium) guides the operation of Wraparound as a family-centered and strengths-based program. Currently, about 10 sites covering all Service Planning Areas are implementing Wraparound, with plans to serve approximately 300 children by the end of 2002. The long-term goal of Wraparound is to place children in stable homes that will support them for the rest of their lives. The short-term goals include providing accurate assessments to ensure proper levels of care, and transitioning children out of higher levels of care (for example, MacLaren Children's Center) into stable community placements. Wraparound services are also funded by federal Title IV-E foster care funds.

Welfare to Work Rental Assistance and Housing Counseling Services. At the end of 1999, the Community Development Commission received funding to provide housing counseling services and assistance in obtaining Section 8 rental assistance vouchers. This program started in 2000, and has served 700 CalWORKs participants who were in need of housing in order to obtain or retain employment. Partners include the Department of Public Social Services and a number of community-based agencies that provide housing services. The program's focus on housing is one of many ways to build a network of support that helps families to overcome obstacles to employment.

Sentenced Offender Drug Court. The Sentenced Offender Drug Court (SODC) initiative is led by the Public Defender in collaboration with the District Attorney, Courts, Probation Department, and Departments of Corrections and Health Services. The SODC program was established in 1994 to address the growing number of sentenced offenders with chronic drug problems that entered the system over and over again. The SODC program is designed to avert recidivism by providing treatment instead of incarceration. Its goal is to assist participants in becoming functioning members of their families, communities, and society. The program aims to create a non-adversarial courtroom setting in which drug court staff function as a team to monitor and respond to participants' progress. These programs serve hundreds of adults and youth per year. Counselors serve as advocates, assisting participants in accessing resources that range from food banks to housing to mental health services. The SODC programs are available in each city that has a municipal drug court.

Family Support. Public Law 103-66 authorized creation of both the Family Support and Family Preservation programs. The Los Angeles County Family Support program began in 1995 under the management of the Department of Children and Family Services. Unlike Family Preservation, Family Support services are open to all families. As a prevention-oriented program, Family Support services such as after-school programs and tutoring are designed to support the healthy development of children and youth. The program aims to prevent families from needing to enter public systems by providing activities that strengthen family relationships, increase family financial independence, and empower communities in supporting families. Services are available countywide through community-based networks—about 25 lead agencies and their 600 hundred partner agencies serve tens of thousands of families annually.

LA Bridges. The program was established in 1997 by the Los Angeles City Council's Ad Hoc Committee on Gangs and Juvenile Justice in partnership with the Los Angeles Unified School District. The first program component, LA Bridges I, focuses on gang prevention, and the second, LA Bridges II, emphasizes gang intervention. The overarching goals are to actualize youth achievement, strengthen family foundations, and promote community action. This initiative is intended to bridge communities and schools in an effort to build safe neighborhoods. The community-based agencies that delivery services are located within a two-and-a-half-mile radius of the targeted middle schools. With operation guidance from the city's Community Development Department, these agencies, along with their partners, serve thousands of youth, young adults and their families citywide.

Healthy Start. Healthy Start, a statewide program, provides funds to schools for planning and implementation of collaborative school-linked services programs. Begun in Los Angeles in 1992, the primary goal of Healthy Start is to improve academic achievement by removing barriers to academic success. Throughout the City of Los Angeles, there are currently over 72 operational Healthy Start sites with more than 200 participating schools. These programs are designed to link students and their families to a broad range of services through referrals, on-site service provision and/or case management. A like number of schools from the county's other 80 school districts have also received planning and/or operational grants from the State's Healthy Start program. Each Healthy Start site is developed to reflect the unique needs of the community it serves.

Family Development Networks. Since 1999, the City of Los Angeles has funded comprehensive integrated services through a set of neighborhood-based Family Development Networks. The plan was developed by a Mayoral task force composed of community representatives from the business sector, academic institutions, and social service agencies who made recommendations on effective use of Community Development Block Grants funds. The city's Community Development Department contracts with 11 Family Development Networks—all of which are designed to offer three service components: safety net services, individual and family case management, and a first-time offender program. These components are intended to support youth, strengthen families, and assist low-income families in becoming economically self-sufficient. A range of services are available to participants, including information and referral services, case management, and assistance in obtaining economic benefits.

Success by Six. The Success by Six initiative is led and funded by United Way of Greater Los Angeles. Its emphasis is on early childhood development, with the overarching goal of improving literacy. The initiative encourages development of community-based “strategies” for supporting families with children under the age of six. Hathaway Family Resource Center, which was selected as a respondent for this study, established the Success by Six initiative in 1999. Prior to receiving this grant, however, Hathaway was already in the process of developing a strategy that encouraged greater community involvement. Success by Six is one part of this larger strategy for early childhood. Quality childcare, family literacy, and quality parenting are three core service areas under this strategy. Hathaway provides services in the northeast area of Los Angeles. In fiscal year 2000-01, Hathaway served over 200 families.

One-Stop Workforce and Industry Centers – Youth Opportunity Movement. The Community Development Department of the City of Los Angeles received a grant from the U.S. Department of Labor to implement a program to assist youth in transitioning successfully into the workforce. This initiative, the Youth Opportunity Movement, was established in 1996 in Watts, and has recently expanded to a second site in Boyle Heights. The Youth Opportunity Movement has several aims: to train participants for long-term employment, to bring youth that have dropped out of school back into school, and to help them move into higher education. Over 825 families per year are served by this program, which employs youth development specialists to provide case management services to youth between the ages of 14 and 21 years. The Youth Opportunity Movement has over 20 different community partners that offer myriad services, including employment training, tutoring, and mentoring.

Family Resource Center Initiative. The Family Resource Center Initiative (FRCI) is one of three components of the Comprehensive Youth and Development and Family Resource System—a framework developed by community members for strengthening communities. The FRCI is intended to build neighborhood centers that provide integrated health and human services for families. This initiative, which covers Pasadena, Altadena and Sierra Madre, grew out of concern over neighborhood drug and crime problems. After a year-and-a-half of development by hundreds of community representatives, two pilot sites were identified. Currently, there is a school-based site and a neighborhood-based site. Together they have served over 650 families in one year, providing services that range from tutoring to child care to job placement. The FRCI has recently identified three service hubs (and 14 potential centers to augment these hubs) that will provide enrichment activities for children, youth and their families.

California Wellness Foundation Violence Prevention. In 1993, the California Wellness Foundation established a Violence Prevention Initiative to address the multi-faceted problem of violence in California. The foundation, in partnership with eight other foundations, has granted over \$70 million dollars over ten years to networks of community-based agencies. An advisory committee of individuals representing multiple disciplines was formed to design an intervention model based on a public health approach. Six components were identified: leadership, research, policy, collaboration at the community level, technical assistance, and evaluation. Initially, 16 organizations were funded to develop programs that met the specific needs of their respective communities. Currently, there are nine grantees—all of which have somewhat different target populations reflecting the diversity of communities throughout the State. The initiative encourages grantees to work toward changing policies, to conduct research to better understand violence, and to mobilize communities in efforts to avert violence.

Appendix B. TABLES

Structures and Characteristics of the Multi-Agency Service Initiatives in the Study Sample

Table 1. Service Areas Covered by Collaborative		
(N= 14)	#	%
countywide	6	43
citywide	2	14
specific SPA(s)	2	14
specific zip code(s)	4	29

Table 2. Target Population		
(N= 15)*	#	%
families	14	93
children	9	60
teenagers	11	73
adults	2	13
seniors	0	0
single-parent households	8	53
two-parent households	8	53

* multiple responses possible; percentages per category based on total number of initiatives in this analysis

Table 3. Eligibility Category		
(N= 15)	#	%
prevention	6	40
poverty-level income	5	33
systems involvement	4	27

Table 4. Clients Served in 2000-2001		
(N= 9)*	#	%
individuals or families:		
0 – 50	1	14
51 – 100	0	0
101 or more**	12	86

* actual number of individuals or families available from only nine initiatives;
range 45 – 5400 individuals or families; mean = 1072.22 with SD = 1689.64

** five initiatives served between 101 and 100 individuals or families; two initiatives served more than 1500 individuals or families

Table 5. Does Demand for Service Exceed Capacity to Provide It?		
(N= 12)	#	%
Demand exceeds capacity?		
yes	12	100
no	0	0
(N = 8)		
If yes, by how much?		
0-50	0	0
51-100	0	0
101 or more*	8	100

* estimates not available for most initiative

Table 6. Stages of Collaboration		
(N= 12)*	#	%
getting together	1	8
building trust & ownership	1	8
strategic planning	2	17
taking action	7	58
deepening & broadening the work	8	67

* multiple responses possible; percentages per category based on total number of initiatives in this particular analysis

Governance of Multi-Agency Service Initiatives

Table 7. Levels of Participation in Collaborative		
(N= 14)*	#	%
governance body	14	100
services planning team	10	71
service delivery team	10	71
advisory group	10	71

* multiple responses possible; percentages per category based on total number of initiatives in this particular analysis

Table 8. How Decisions are Made at the Governance Level		
(N= 12)	#	%
consensus	7	58
majority vote	2	17
combination of both	3	25

Table 9. Authority of Representatives		
(N= 12)	#	%
great deal of authority	10	91
some authority	2	9
little authority	0	0

Table 10. Attention to Tasks		
(N= 13)	#	%
Building relationships or trust between individuals:		
great deal of attention	12	92
some attention	1	8
little attention	0	0
Assuring effective communication:		
great deal of attention	12	92
some attention	1	8
little attention	0	0
Sharing information:		
great deal of attention	10	77
some attention	3	23
little attention	0	0
Assuring participation of all partners in planning:		
great deal of attention	10	77
some attention	3	23
little attention	0	0
Clarifying unique goals and interests of each partner:		
great deal of attention	8	71
some attention	4	31
little attention	1	8
Working through conflicts:		
great deal of attention	9	69
some attention	3	23
little attention	1	8

Table 11. Success of Governance Model		
(N= 13)	#	%
very successful	9	69
somewhat successful	4	31
a little successful	0	0

Delivery of Multi-Agency Services

Table 12. How Services Were Delivered?		
(N= 13)	#	%
direct services only	0	0
referral services only	1	8
combination of both	12	92

Table 13. Direct Services		
(N= 12)*	#	%
mental health	9	75
child care	8	67
transportation	8	67
CalWORKs	7	58
substance abuse	7	58
after-school programs	7	58
Family Resource Center	6	50
medical services	5	42
domestic violence	5	42
Healthy Start	5	42
food stamps	2	17
food banks	2	17
Women Infants & Children	2	17
shelter	2	17
adult day care	1	8
other	7	58

* multiple responses possible; percentages per category based on total number of initiatives in this particular analysis

Table 14. Referral Services		
(N= 12)*	#	%
food stamps	10	83
food banks	9	75
Women Infants & Children	9	75
adult day care	9	75
shelter	8	67
CalWORKs	8	67
domestic violence	6	50
Healthy Start	6	50
medical services	5	42
Family Resource Center	5	42
substance abuse	4	33
mental health	3	25
child care	3	25
transportation	2	14
after-school programs	0	0
other	4	33

* multiple responses possible; percentages per category based on total number of initiatives in this particular analysis

Table 15. Follow-up on Referrals		
(N= 10)	#	%
protocol in place?		
yes	9	90
no	1	10

Table 16. Confidentiality		
(N = 9)	#	%
Procedures for sharing customer information:		
formal procedures	7	78
informal procedures	2	22
Have confidentiality requirements presented problems?		
yes	6	46
no	7	54

Resources Available to Multi-Agency Service Initiatives

Table 17. Funding					
(N = 14)*	#	%	(N = 14)	#	%
Funding sources:			Expect to be funded beyond FY 2001-02?:		
federal	9	64	yes	13	93
state	9	64	unsure	1	7
county	7	50			
city	3	17			
private	5	36			
(N = 14)			(N = 7)		
Number of funding sources:			Have different report requirements been an issue?:		
1	7	50	yes	7	100
2	0	0			
3	2	14			
4	5	36			

* multiple responses possible; percentages per category based on total number of initiatives in this particular analysis

Multidisciplinary Teams and Personnel Management

Table 18. Multi-Disciplinary Service Delivery Team		
(N= 12)	#	%
Is your service delivery team multi-disciplinary?		
yes	8	67
no	4	33

Table 19. Personnel Management		
(N= 12)	#	%
Are any staff supervised by employees from another agency?		
yes	2	17
no	10	83
Has collaborative reconfigured job descriptions or workflows?		
yes	6	50
no	6	50

Data and Evaluation

Table 20. Access to Data Needed for Planning		
(N= 10)	#	%
Has collaborative had access to data needed to plan and implement services?		
yes	8	80
no	2	20

Table 21. Outcomes of Multi-Agency Services Initiatives		
(N= 14)	#	%
Have intended outcomes been clearly defined in measurable terms?		
yes	12	86
no	2	14

Table 22. Evaluation		
(N= 14)	#	%
Is an evaluation in place?		
yes	12	86
no	2	14
Are data being collected?		
yes	10	71
no	4	29
Are reports or documents available?		
yes	10	71
no	4	29

Table 23. Client Satisfaction		
(N= 11)	#	%
Does evaluation have client satisfaction component?		
yes	6	55
no	5	45

Factors Associated with Success

Table 24. Primary Accomplishments		
(N= 12)*	#	%
Primary accomplishments of initiative to date:		
meeting needs of target population	9	75
building partnerships with agencies and/or communities	8	67
successful in implementing a plan	4	33
change in way services are delivered	3	25
change in attitudes about how services are delivered and clients served	3	25
diversification and/or increase in funding	3	25
integration of services; avoid overlap in services	2	17

* multiple responses possible; percentages per category based on total number of initiatives in this particular analysis

Table 25. Barriers to Success		
(N= 15)*	#	%
Primary barriers to success:		
lack of resources (funding and services for clients)	9	60
need more time/collaboration is difficult and time consuming	5	33
staff recruitment and retention/lack of bi-lingual staff	3	20
rigidity in thinking/need for flexibility in collaborations	3	20
mistrust and need for relationship building	3	20
power struggles/power dynamics	3	20
bureaucratic barriers	2	13
other	7	47

* multiple responses possible; percentages per category based on total number of initiatives in this particular analysis

Lessons Learned

Table 26. Primary Lessons		
(N= 16)*	#	%
Primary lessons learned:		
need good relationships between partners	6	38
staffing and other resources need to be in place	4	25
focus on communities and families	4	25
collaboration takes time/need to take it slowly	3	19
need for vision	3	19
other	12	75

* multiple responses possible; percentages per category based on total number of initiatives in this particular analysis

Similarities and Differences Between Initiatives

Table 27. Stages of Collaboration: Comparison between Auspices			
(N=12)	County Agency (<u>n</u> =7)	Other Public Agency (<u>n</u> =3)	Private Agency (<u>n</u> =2)
	# (%)*	# (%)*	# (%)*
Stages of collaboration:			
getting together	1 (14)	0 (0)	0 (0)
building trust & ownership	1 (14)	0 (0)	0 (0)
strategic planning	2 (28)	0 (0)	0 (0)
taking action	2 (28)	3 (100)	2 (100)
deepening & broadening work	6 (86)	1 (33)	1 (50)

* multiple responses possible; percentages based on number of sub-sample (n) for each auspice

Table 28. Success of Governance Model: Comparison between Auspices			
(N=13)	County Agency (<u>n</u> =7)	Other Public Agency (<u>n</u> =3)	Private Agency (<u>n</u> =3)
	# (%)*	# (%)*	# (%)*
How successful is governance model?			
very successful	4 (57)	2 (67)	3 (100)
somewhat successful	3 (43)	1 (33)	0 (0)
a little successful	0 (0)	0 (0)	0 (0)

* percentages based on number of sub-sample (n) for each auspice

Table 29. Confidentiality: Comparison between Auspices			
(N=13)	County Agency (<u>n</u> =6)	Other Public Agency (<u>n</u> =4)	Private Agency (<u>n</u> =3)
	# (%)*	# (%)*	# (%)*
Have confidentiality requirements presented problems?			
yes	2 (33)	1 (25)	3 (100)
no	4 (67)	3 (75)	0 (0)

* percentages based on number of sub-sample (n) for each auspice

Table 30. Year Initiative was Established		
(N= 16)	#	%
Year:		
1990-1993	4	25
1994-1997	4	25
1998-2001	8	50

Table 31. Target Population: Comparison between Years Initiative was Established			
(N=15) Target population: family individual	1990-1993 (<u>n</u> =4)	1994-1997 (<u>n</u> =4)	1998-2001 (<u>n</u> =7)
	# (%)*	# (%)*	# (%)*
	3 (75) 1 (25)	1 (25) 3 (75)	7 (100) 0 (0)

* percentages based on number of sub-sample (n) for each time frame

Table 32. Stages of Collaboration: Comparison between Years Initiative was Established			
(N=12) Stages of collaboration: getting together building trust & ownership strategic planning taking action deepening & broadening work	1990-1993 (<u>n</u> =3)	1994-1997 (<u>n</u> =4)	1998-2001 (<u>n</u> =5)
	# (%)*	# (%)*	# (%)*
	0 (0) 0 (0) 2 (67) 1 (33) 2 (67)	0 (0) 1 (25) 0 (0) 3 (75) 3 (75)	1 (22) 0 (0) 0 (0) 3 (60) 3 (60)

* multiple responses possible; percentages based on number of sub-sample (n) for each time frame

Table 33. Target Population: Comparison between Service Areas		
(N=14) Target population: family individual	Countywide (<u>n</u> =6)	More Limited Area (<u>n</u> =8)
	# (%)*	# (%)*
	4 (67) 2 (33)	6 (75) 2 (25)

* percentages based on number of sub-sample (n) for each service area

Table 34. Success of Governance Model: Comparison between Service Areas		
(N=12)	Countywide (<u>n</u> =5)	More Limited Area (<u>n</u> =7)
	# (%)*	# (%)*
	How successful is governance model?	
	very successful somewhat successful a little successful	4 (80) 5 (71) 1 (20) 2 (29) 0 (0) 0 (0)

* percentages based on number of sub-sample (n) for each service area

Table 35. Eligibility Category: Comparison between RFP and Non-RFP Process		
(N=15)	RFP (<u>n</u> =10)	Non-RFP (<u>n</u> =5)
	# (%)	# (%)
	prevention	6 (60)
	poverty-level income	0 (0)
systems involvement	1 (10)	4 (80)
	3 (30)	1 (20)

Table 36. Stages of Collaboration: Comparison between RFP and Non-RFP Process		
(N=12)	RFP (<u>n</u> =8)	Non-RFP (<u>n</u> =3)
	# (%)*	# (%)*
	getting together	1 (13)
	building trust & ownership	0 (0)
strategic planning	2 (25)	1 (33)
	taking action	0 (0)
	5 (63)	2 (67)
deepening & broadening the work	5 (63)	3 (100)

* multiple responses possible; percentages based on number of sub-sample (n) for RFP and Non-RFP

Table 37. Success of Governance Model: Comparison between RFP and Non-RFP Process		
(N=13)	RFP (<u>n</u> =9)	Non-RFP (<u>n</u> =4)
	# (%)	# (%)
	very successful somewhat successful	7 (78) 2 (21) 2 (50) 2 (50)

Table 38. Evaluation: Comparison between RFP and Non-RFP Process		
(N=14)	RFP (<u>n</u> =10)	Non-RFP (<u>n</u> =4)
	# (%)	# (%)
	Is an evaluation in place? yes no	9 (90) 3 (75) 1 (10) 1 (25)
Are data being collected? yes no	8 (80) 2 (20)	2 (50) 2 (50)

Appendix C. FIGURES

Figure 1. The Sample: Multi-Agency Service Initiatives, Interviews and Respondents

Multi-Agency Service Initiatives Led by County Departments

1. Family Preservation

Lead agency: Department of Children and Family Services

Interview 1. Respondents from DCFS: Rhelda Shabazz, Glen Wyndom, Iris Courney, James Blades, Walter Kiang

Interview team: Gail Washington, Maria Magallanes

Interview 2. Respondent: Eric Murillo-Angelo, El Centro del Pueblo (lead agency)

Interview team: Jane Yoo, Gail Washington

2. Interagency Children's Services Consortium

Lead agency: Chief Administrative Office

Interview 3. Respondent: Susan Edelman, CAU

Interview team: Jane Yoo, Eva Carrera, Maggie Forney

3. Children's Systems of Care

Lead agency: Department of Mental Health

Interview 4. Respondents: Victor Ross (Compton); Lyn Walker (Long Beach) (directors of two sites run by Greater Long Beach Child Guidance)

Interview team: Jane Yoo, Maggie Forney

4. Multi-Disciplinary Family Inventory and Case Planning Teams (Long Term Family Self-Sufficiency project # 38)

Lead agency: Department of Public Social Services

Interview 5. Respondents: Shirley Christensen, DPSS; Gary Puckett, DMH; Lisa Hayes, DPSS; Corneitha Kirk, DPSS

Interview team: Jacquelyn McCroskey, Pat Bowie, Marcela Lopez

5. Children's Services Wraparound

Lead agency: Department of Mental Health

Interview 6. Respondent: Mark Miller

Interview team: Jane Yoo, Maria Magallanes

Interview 7. Respondent: Jill Atkinson, Sycamores

Interview team: Jane Yoo, Maria Magallanes

6. County Family Resource Centers (Long Term Family Self-Sufficiency project # 39)
Lead Agency: Department of Public Social Services

Interview 8. Respondents: Shirley Christensen, DPSS; Gary Puckett, DMH; Lisa Hayes, DPSS; Corneitha Kirk, DPSS
Interview team: Jacquelyn McCroskey, Pat Bowie, Marcela Lopez

7. Welfare-to-Work Rental Assistance and Housing Counseling Services
Lead agency: Community Development Commission

Interview 9. Respondent: Marie Quon, CDC
Interview team: Jacquelyn McCroskey, Maggie Forney

8. Sentenced Offender Drug Court Program (SODC)
Lead agency: Public Defender

Interview 10. Respondent: Michael Demby, PD
Interview team: Jane Yoo, Pat Bowie, Gail Washington

9. Family Support
Lead agency: Department of Children and Family Services

Interview 11. DCFS staff respondents: Rhelda Shabazz, Glen Wyndom, Iris Courney, James Blades, Walter Kiang
Interview team: Gail Washington, Maria Magallanes

Interview 12. Respondents: Colleen Mooney, Marie Hammill, South Bay Counseling Center (lead agency)
Interview team: Jacquelyn McCroskey, Marcela Lopez

Multi-Agency Service Initiatives Led by Non- County Departments

10. LA Bridges
Lead agency: LA City Community Development Department

Interview 13. Respondents: Ana Ortega, CDD; Florence Avognon, CDD
Interview team: Jane Yoo, Liz Diaz, Maria Magallanes

11. Healthy Start
Lead agency: Los Angeles Unified School District

Interview 14. Respondent from LAUSD: Arturo Valdez
Interview team: Jane Yoo, Marcela Lopez

12. Family Development Networks
Lead agency: LA City Community Development Department
- Interview 15. Respondents: Manette Miller, CDD; Carlos Martinez, El Centro del Pueblo (lead agency)
Interview team: Jacquelyn McCroskey, Pat Bowie, Maggie Forney
- Supplemental interview A: Carlos Martinez, El Centro del Pueblo
Interview team: Jacquelyn McCroskey, Pat Bowie, Maggie Forney
13. Success by Six
Lead agency: United Way
- Interview 16. Respondent: Pat Bowie, Hathaway Family Resource Center (lead agency)
Interview team: Jane Yoo, Eva Carrera, Maria Magallanes
- Supplemental interview B: Pat Bowie, Hathaway
Interview team: Jane Yoo, Eva Carrera, Maria Magallanes
14. One Stop Workforce and Industry Centers
Lead agency: LA City Community Development Department
- Interview 17. Respondent: Robert Saenz
Interview team: Jane Yoo, Marcela Lopez
15. Family Resource Center Initiative
Lead agency: Family Community Council:
- Interview 18. Respondent: Dwayne Dawson, Family Community Council
Interview team: Jane Yoo, Pat Bowie, Marcela Lopez
16. Violence Prevention Initiative
Lead agency: California Wellness Foundation:
- Interview 19. Respondent: Michael Balaoing
Interview team: Jacquelyn McCroskey, Maggie Forney

Total initiatives = 16
Total interviews = 19
Total Supplemental interviews = 2
Total respondents = 28
Total interviewers = 9

Suggested Interviews that Were Not Completed:

Not interested:

1. Healthy Start (Los Angeles County Office of Education)
2. Success by Six (United Way staff member)
3. University of Southern California Family of Five Schools (Office of Civic and Community Relations)

Scheduling Problems:

4. High Risk Youth First Time Offenders and Transitioning High Risk Youth (LACOE)
5. Systems of Care (Antelope Valley lead agency)

Did Not Fit Study Criteria:

6. Maternal Child and Adolescent Health (Department of Health Services)

**Figure 2. Los Angeles County Departments
and Their Collaborative Programs**

<u>Department</u>	<u>Total # (Child & Family)</u>	<u>Examples</u>
Auditor Controller	5 (2)	Children's Services Ombudsman (DCFS, Probation, Mental Health)
Department of Animal Care and Control	10 (0)	
Agriculture Commission	2 (0)	
Assessor	6 (0)	Immigration Task Force (CSS, DPSS, LAUSD, INS, Neighborhood Legal Services)
Beaches and Harbors	16 (0)	
Consumer Affairs	13 (1)	
County Arts Commission	1 (0)	Children's Health and Education Passport (CIO, DCFS, SIB)
Chief Administrative Office	17 (4)	
Community Development Commission	16 (15)	
County Counsel	3 (1)	Outstationed Staff in DCFS Offices

(Figure 2 continued)

<u>Department</u>	<u>Total # (Child & Family)</u>	<u>Examples</u>
Coroner	1 (1)	Youthful Drunk Driver Visitation (Probation. Local trauma hospitals)
Community/Senior Services	20 (8)	DART/STOP for CalWORKs Families (domestic violence) (LACSD. LAPD)
District Attorney	5 (5)	Abolish Chronic Truancy (schools, teachers, parents)
DCFS	35 (35)	Family Assessment Services Team (gang violence) (Probation, LAPD, LACSD, LAUSD, School Attendance Review Board)
DPSS	60 (51)	Careers in Child Care (ten community colleges)
Executive Office	3 (0)	
Human Relations Commission	3 (1)	Promoting School Safety (LACOE)
Health Services	10 (10)	Medi-Cal/Healthy Families Outreach (DPSS, CSS)
Internal Services	7 (0)	
Fire Department	12 (5)	Junior Lifeguard Program
Museum of Art	4 (4)	Living with the Arts (schools)
Sheriff's Department	1 (1)	Deputy Explorer (Boy Scouts of America)
LAHSA	2 (1)	Access Centers(CDC, CSS, LA City)
Mental Health	12 (12)	Disabled Minors AB 3632 (schools)
Military & Veterans Affairs	1 (0)	
Office of Affirmative Actions Compliance	3 (0)	

(Figure 2 continued)

<u>Department</u>	<u>Total # (Child & Family)</u>	<u>Examples</u>
Ombudsman	1 (0)	
Parks and Recreation	8 (6)	After School Program and Summer Camp (DCFS)
Public Defender	4 (3)	Post Disposition Participation Project (Probation, Superior Court)
Public Library	13 (5)	Read Together (Parks & Rec, DCFS)
Probation	29 (29)	Day Treatment Program (DCFS, MH, DPSS)
Public Works	18 (4)	School Crossing Guards (schools, community groups)
Regional Planning	5 (0)	
Treasurer/Tax Collector	4 (0)	
<hr/>		
TOTAL	351 (205)	



Service Integration Action Plan Recommendation Submittal Form

Workgroup 6 is responsible for updating the New Directions Task Force (NDTF) on the progress of the workgroups and the overall implementation status of the Action Plan. In support of implementing the Action Plan, recommendations may need to be presented to NDTF to secure a commitment to move forward on either the substance and/or the progress of an action step. Recommendations are to be action-oriented and may be presented to adopt new policy, set strategic direction, substantially change the Action Plan, secure the allocation of additional resources to support implementation, and/or secure the commitment to implement new business processes within or among departments. This form should be used to present the context of the recommendation.

Recommendation SIAP Task #: 3.4

NDTF Approval Needed: Yes

Ensure that the following issues are addressed in the implementation of the Children's Planning Council's (CPC) Family Resource Center's (FRC) Recommendation #4, adopted by the Board of Supervisors on September 4, 2001¹:

- 1) Establish a consistent Countywide framework for RFP processes, Proposal Evaluation Rating Instruments, and contract monitoring processes to guide key contracting functions across departments so that community-based agencies and networks can integrate services more readily. Subject to funding availability and applicable State and Federal law and regulations, this Countywide contracting framework should:
 - a) promote collaboration and long-term community capacity-building;
 - b) promote culturally-competent, strength-based approaches;
 - c) encourage parent and community involvement;
 - d) focus on desired results or outcomes; and
 - e) be customer-friendly and accessible to diverse groups from different communities.
- 2) Utilize the Countywide contract tracking system being developed by ISD to encourage agencies to work together when they are serving the same communities.

¹ County Support For Family Resource Centers Recommendation #4: Direct County Counsel, the NDTF and its member departments/agencies, and the Auditor-Controller to review current competitive bidding, contracting, and auditing processes that affect the health and human services provided by FRCs and other community-based organizations; develop recommendations for streamlining financial compliance and program quality control requirements and aligning standard requirements across all department agreements; and provide a status report back to your Board in 120 days.

Purpose of the Recommendation

(Include the rationale, what will be achieved, and benefits)

The County must ensure that contract services support the achievement of the County's vision for children and families, and are well integrated with County-delivered services. In order to encourage and support optimal provider performance, County contract managers must develop a set of contract monitoring standards that focus on the achievement of the outcomes that the initiative is expected to accomplish.

Implementation Plan

What is the plan for implementing the recommendation and what is needed to support implementation of the recommendation?

Requested NDTF to incorporate this recommendation into the implementation of the CPC/FRC Recommendation #4.

Linkages

What is the linkage between the recommendation and the Service Integration Action Plan Performance Measures, the County's Strategic Plan, and other Workgroups?

Linkage to the Service Integration Action Plan Performance Measures**Quantity - What We Did/How Much Change**

- Number of County/contractor facilities where services from multiple agencies are offered.
- Number of multi-agency teams that share and integrate resources in delivery of multi-disciplinary services.
- Number of children and families who receive services from multiple programs and/or departments/agencies whose services are integrated and/or coordinated.
- Number of children and families seen at a single location by multi-agency staff.

Quality - How Well We Did/Quality Of Change

- Percent of children and families who received integrated and/or coordinated services that report they were satisfied with the services they received in terms of:

Appropriateness of services (met their needs and needed services are available);

Timeliness of services;

Appropriateness of information shared; and

Competency of staff providing services.

- Percent of families seen at a single location by multi-agency staff that report:

Access convenience; and

Services improved their situation.

Linkage to the SIAP Values and Goals

- The County service system is flexible, able to respond to service demands for both the Countywide population and specific population groups.
- In supporting families and communities, County agencies work seamlessly with public and private service providers, community-based organizations, and other community partners.
- County agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more strength-based, family-focused, culturally-competent, accessible, user-friendly, responsive, cohesive, efficient, professional, and accountable.
- County agencies and their partners focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of families.
- County agencies and their partners pursue multi-disciplinary service delivery, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization.
- County agencies and their partners create incentives to reinforce the direction toward service integration and a seamless service delivery system.

Linkage to the County Strategic Plan

***Organizational Goal 3 – Organizational Effectiveness:** Ensure that services delivery systems are efficient, effective, and goal-oriented.*

Strategy 2: Improve internal operations.

Strategy 3: Collaborate across functional and jurisdictional boundaries.

***Organizational Goal 5 – Children And Families’ Well-Being:** Improve the well-being of children and families in Los Angeles County as measured by the achievements in the five outcome areas adopted by the Board: good health; economic well-being; safety and survival; emotional and social well-being; and educational/workforce readiness.*

Strategy 1: Coordinate, collaborate, and integrate services for children and families across functional and jurisdictional boundaries.

Linkage to other SIAP Workgroups**SIAP Workgroup 1: Access to Services**

Task 1.5: Develop methods to improve access to services.

SIAP Workgroup 4: Data/Information Sharing

Task 4.1: Identify departments/agencies/community partners that should share data, the purpose for sharing data, and the ability to share data.

Impact

What departments/agencies are impacted by the recommendation and what commitment is needed from each of them?

The direct impact of this recommendation is on the scope and direction of the process to respond to the CPC FRC contracting recommendation adopted by the Board of Supervisors on September 4, 2001. This recommendation will impact that process by focusing attention on aspects of the County contracting process, which are particularly relevant to multi-agency services.

The ultimate impacts on the County contracting process will depend on the overall response to the September 4, 2001 action by the Board of Supervisors. However, it is foreseeable that the overall response to the Board action, including the issues raised by this recommendation, will have major impacts on the County contracting processes, County contracting staff and County contractors.

Approval Date:

Comments:

MOTION TO APPROVE SERVICE INTEGRATION ACTION PLAN (SIAP) RECOMMENDATIONS

(APPROVED BY NDTF)

August 13, 2002

The Principles of Family Support Practices (Principles for Partnering) were developed to create the foundation for County-community partnerships based on mutual respect and accountability. These principles will guide how the County's health and human services system, and its community partners, will work with families and communities to achieve the five Board approved outcomes for children and families. It is believed that the adoption of these principles will evolve the service delivery system in ways that build a the capacity for families and communities to meet their own needs: not just giving them fish, but helping them learn to fish.

To further ensure that all health and human services are effectively contributing to the achievement of the five outcomes for children and families, the Outcomes Screening Tool (OST) was developed for pilot use by County and non-County agencies. Use of the OST will benefit children and their families by helping departments/agencies to better address client needs, facilitate referrals, and allow for the collection of outcome data on clients. A series of evaluations will be performed to assess families' progress toward achieving Good Health, Economic Well-Being, Safety and Survival, Emotional and Social Well-Being and Education/ Work Force Readiness. The determination to terminate services will depend on information captured via the OST confirming that clients are on their way to becoming self-sufficient.

THEREFORE, I MOVE THAT THE NEW DIRECTIONS TASK FORCE (NDTF):

1. Adopt the recommendation to establish guiding principles for partnering with families and communities based on mutual respect and accountability; and request that the Children's Planning Council (CPC) to adopt these principles and advocate for each of its Service Planning Area/American Indian Children's Councils and member organizations to support them as well.
2. Adopt the recommendation for County health and human services departments/agencies to identify at least two main mission-oriented initiatives within their organizations that will implement approaches aligned with the above principles over the next two years.
3. Approve the piloting of the Outcomes Screening Tool (OST) for potential use with clients who are in the system for 30 days or longer, and particularly those who might require services from more than one department. The OST will be piloted among County departments/agencies, Family Resource Centers, and Community-Based Organizations for a period of six months to one year. This effort shall be led by the CPC with the participation of the Chief Administrative Office, and health and human service departments/agencies.
4. Support the SIAP recommendations above by providing necessary resources; continuing executive leadership involvement; ensuring the active participation of appropriate agency staff in implementation activities; and, working collaboratively with lead agencies to successfully implement and evaluate the impact of the recommendations in achieving the SIAP values and goals.



Service Integration Action Plan Recommendation Submittal Form

Workgroup 6 is responsible for updating the New Directions Task Force (NDTF) on the progress of the workgroups and the overall implementation status of the Action Plan. In support of implementing the Action Plan, recommendations may need to be presented to NDTF to secure a commitment to move forward on either the substance and/or the progress of an action step. Recommendations are to be action-oriented and may be presented to adopt new policy, set strategic direction, substantially change the Action Plan, secure the allocation of additional resources to support implementation, and/or secure the commitment to implement new business processes within or among departments. This form should be used to present the context of the recommendation.

Recommendation SIAP Task #: 2.1.3 NDTF Approval Needed: Yes

Establish guiding principles for partnering with communities and families based on mutual respect and accountability.

Recommendations:

That the New Directions Task Force (NDTF):

- Adopt the following Principles of Family Support Practice as statements of best practices to guide County departments and their community partners in their ongoing work and in the design of any initiative intended to improve the five outcomes for children and families:
 - Staff and families work together in relationships based on equality and respect.
 - Staff enhances a family's capacity to support the growth and development of all family members, adults, youth, and children.
 - Families are resources to their own members, to other families, to programs, and to communities.
 - Programs affirm and strengthen a family's cultural, racial, and linguistic identities, and enhance their ability to function in a multicultural society.
 - Programs are embedded in their communities and contribute to the community building process.
 - Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
 - Practitioners work with families to mobilize formal and informal resources to support family development.

- Programs are flexible and continually responsive to emerging family and community issues.
- Principles of Family Support are modeled in all program activities, including planning, governance, and administration.

Source: Family Resource Coalition of America (1996) Guidelines for Family Support Practice.

These principles will serve as a benchmark for how the County's health and human services system and its community partners intend to interact with families and communities in ways to ensure the achievement of the five Board-adopted outcomes for children and families; and

- Adopt the following two additional principles as concrete ways to operationalize the Family Support Principles: (1) County departments and community-based organizations work to increase a family's capacity to meet its needs within networks of peer relationships, e.g., other family members, friends, and members of the community; and, (2) County departments and community-based organizations work to increase a community's capacity to act on its own behalf; and
- Identify at least two main mission-oriented initiatives within their organizations that will implement approaches aligned with one or both of the two additional principles over the next two years; and
- Advocate for the County's community partners to adopt these two principles.

Request that the Children's Planning Council (CPC), in alignment with its four strategic directions:¹

- Adopt the two principles as essential to achieving the five outcomes for children and families;
- Advocate for each Service Planning Area/American Indian Children's (SPA/AIC) Council and its community partners to embrace these two principles;
- Advocate for each member organization of the CPC to adopt these two principles; and
- Invest in SPA/AIC Council capacity to support initiatives that are aligned with these two principles.

¹ See page 20 of the February 1998 report entitled *Laying the Groundwork for Change*.

Purpose of the Recommendation

(Include the rationale, what will be achieved, and benefits)

Rationale:

The Board of Supervisors, all of the County's departments, and organizations across the County have publicly committed to work toward the achievement of the five outcomes for *all* of Los Angeles County's children and families.

The Customer Service and Satisfaction workgroup considered the breadth and scope of these outcomes. The workgroup concluded that *if* we expect to achieve our commitment to these outcomes - then we must evolve our service delivery system in ways that will build a family's and community's capacities to meet their own needs. This is analogous to the ancient proverb, which says: "Give a man a fish, you feed him for a day. Teach a man how to fish, you feed him for a lifetime."

Some excellent models, which employ the two principles for partnering with families and communities and are already working within communities and County departments include: Head Start, the Northeast Valley Urban Village Initiative/LTFSS (Probation) Project #30 (San Fernando Valley), and the Stevenson Community School (Long Beach). The Family Group Decision-Making project, which DCFS has piloted and intends to expand, is another good example of the two principles in action.

The rationale for this recommendation is based on the following two propositions:

- ❑ Publicly funded, professionally-delivered human services alone cannot deliver the five outcomes for all children and families in need.
- ❑ For sustained change, families and communities require individualized responses and supports that reflect the nuances of their unique circumstances, communities, and cultures, individualized responses that large government structures often cannot offer.

What Will Be Achieved:

Adopting these recommendations can lead to the following:

- ❑ Contributing to the self-sufficiency of families served by the County by encouraging them to meet their needs within networks of peer relationships that include other family members, friends, and community residents.
- ❑ Helping to address one of the primary barriers vulnerable families face – social isolation.
- ❑ Enabling communities to become sources of ongoing support and connection for families and children.
- ❑ Establishing stronger, more effective partnerships between the County, its community partners, and the communities it serves based on mutual respect and accountability.

- ❑ Building a family-focused, strengths-based, community-centered approach to service delivery.

Benefits:

Partnerships and collaborative relationships will be established with families and communities that are essential to achieving the five outcomes. These relationships can lead to healthier families and stronger communities.

Linkages

What is the linkage between the recommendation and the Service Integration Action Plan Performance Measures, the County's Strategic Plan, and other Workgroups?

The recommendations for partnering with families and communities based on mutual respect and accountability are consistent with the County Strategic Plan Goal 5: Children and Families Well-Being, the SIAP Values, Goals, and Performance Measures and will be supported and complemented by the completion of other SIAP Workgroup Tasks. Adoption of the Family Support Guidelines is also consistent with recent Board action taken to adopt the guidelines.

The **County Strategic Plan Goal 5 – Children and Family Well-Being:** Improve the well-being of children and families in Los Angeles County as measured by the achievements in the five outcome areas adopted by the Board: good health; economic well-being; safety and survival; emotional and social well-being; and educational and workforce readiness.

- ❑ Strategy 1: Coordinate, collaborate, and integrate services for children and families across jurisdictional boundaries. By December 2001, develop a plan that identifies long-term systemic changes needed to fully realize and sustain improved outcomes for children and families.

The **SIAP** includes the following **Values and Goals** statements:

- ❑ Families are treated with respect in every encounter they have with the health, educational, and social services system.
- ❑ County agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more *strengths-based, family-focused, culturally-competent*, accessible, user-friendly, *responsive*, cohesive, efficient, professional, and accountable.
- ❑ Families receive services tailored to their unique situations and needs.
- ❑ The County service system acts to strengthen communities, recognizing that just as individuals live in families, families live in communities.
- ❑ In supporting families and communities, County agencies work seamlessly with public and private service providers, community-based organizations, and other community partners.

The **SIAP Performance Measures** will evaluate how well we have achieved these goals by measuring the following:

- Percent of children and families who received integrated and/or coordinated services who report that they were satisfied with the services they received in terms of:
 - *Appropriateness of services (meets their needs, needed services are available, and reduction in multiple agency location visits)*
 - *Timeliness of services*
 - *Competency of staff providing services*
 - *Services improved their situation*
- Percent of staff reporting job and work satisfaction in terms of:
 - *Effective training*
 - *Guidance and support from supervisor*
 - *Meeting the needs and achieving good outcomes for their customers*
- Percent of complaints regarding delivery of inappropriate services

Note: Italics indicate that the measure is common to more than one SIAP workgroup.

The **Workgroup 1 – Access To Services** efforts will complement or contribute to achieving the recommendations through the completion of the following tasks:

- **1.1:** Identify and automate a menu of services offered by agencies, County departments, and community partners.
- **1.2:** Determine need for additional access points and develop implementation plan.
- **1.3:** Develop a single screening/intake eligibility review process for County agencies/departments and their community partners.
- **1.4:** Develop a universal assessment tool, which is linked to financial criteria and identify trends in needs and gaps.
- **1.5:** Develop methods to improve access to services.

The **Workgroup 3 – Multi-agency Service Delivery** efforts will complement or contribute to achieving the recommendations through the completion of the following tasks:

- **3.2:** Develop policy and procedures, and a fiscal assessment for sharing existing resources across agencies/departments, including staffing, funding, facilities, translators, and other resources.
- **3.3:** Develop training and staff development for department/agency staff which would allow them to serve families using a multi-disciplinary team approach.
- **3.4:** Develop strategies for delivering multi-agency services across County agencies/departments and outline benefits to County departments, agencies, community, and families.

The **Workgroup 4 – Data Sharing** efforts will contribute to achieving the recommendations through the completion of the following task:

- **4.6:** To support implementation of the Action Plan, create databases which will allow agencies to share data, track and evaluate the quality of services provided, refer persons to services in other agencies, and identify opportunities for leveraging funds.

The **Workgroup 5 – Funding for Services** efforts will contribute to all aspects of the Standards through completion of the following task:

- **5.3:** Identify opportunities to match/leverage funds between departments/agencies, as well as using outside funds, such as Prop 10, Federal/foundation funds and grants.

In September 2001, the **Board adopted the Family Support America Guidelines** as the foundation for supporting the development of high quality family resource centers. The intent of this action was to help guide the development of family support programs. What the recommendations from Workgroup 2 can do, if adopted, will be to extend the impact of the Family Support Principles to County departments, and to offer a plausible path for how County departments can begin to actualize these principles.

Impact

What County departments/agencies are impacted by the recommendation and what commitment is needed from each of them?

This recommendation impacts all NDTF members. This includes all County departments serving children, families, and their community partners, as well as the County support departments. The line departments will need to identify two initiatives within their departments that will implement approaches, over the next two years, that are aligned with one or both of the following principles, and the support departments will provide assistance to the line departments to assure that:

- County departments and community-based organizations work to increase a family's capacity to meet its needs within networks of peer relationships, e.g., other family members, friends, and members of the community; and
- County departments and community-based organizations work to increase a community's capacity to act on its own behalf.

The County departments will also advocate for their community partners to adopt these two principles.

Implementation Plan

What is the plan for implementing the recommendation and what is needed to support implementation of the recommendation?

- By July 2002, each NDTF member line department and agency identifies two departmental initiatives that will implement approaches aligned with the principles.

- ❑ By September 2002, each NDTF member department and agency develops a plan to implement the principles in the identified initiatives which includes the following: training on the principles for the staff and community partners who will be involved in the identified initiative, and a plan for evaluating the effectiveness of the implementation of the principles in helping to achieve the five outcomes.
- ❑ By September 2002, each NDTF member department begins a process to advocate for their community partners to adopt the partnership principles.
- ❑ By January 2003, each NDTF member department and agency initiates implementation of the principles in the identified departmental initiative.
- ❑ By July 2003, each NDTF member department and agency conducts an initial evaluation of the initiatives where it has implemented the principles and makes improvements as needed.

Approval Date:

Comments:

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**Towards a Family and Community
Centered Approach:**

**Helping County and Community Service
Providers Build Partnerships with
Families and Communities**

A paper prepared on behalf of the Service Integration Action Plan's
Customer Service and Satisfaction Workgroup by:
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Give a man a fish, feed him for a day.
Teach a man to fish, feed him for a lifetime.
—Ancient proverb

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EXECUTIVE SUMMARY

In March 2001, the New Directions Task Force approved a two-year action plan to make substantial progress in integrating County human services for children and families. Referred to as the Service Integration Action Plan (SIAP), the plan outline five principles areas of action:

- Access to services;
- Customer service and satisfaction;
- Multi-agency services;
- Data and information sharing; and
- Funding for services.

The Service Integration Branch of the Chief Administrative Office took the lead in organizing work groups for each of the five areas of action. These work groups began work in April 2001.

Section 2.1.3 of the Service Integration Action Plan calls for the County to “establish guiding principles for partnering with communities and families based on mutual respect and accountability.” The Customer Service and Satisfaction work group has responded to this charge by articulating two principles it believes create the foundation for partnerships based on mutual respect and accountability. Those two principles are:

- County departments and community-based organizations act to increase a family’s capacity to meet its needs within networks of peer relationships; and
- County departments and community-based organizations act to increase a community’s capacity to act on its own behalf.

Why these two principles? The Board of Supervisors, all of the County’s departments, and organizations across the County have publicly committed to work toward the achievement of five outcomes for *all* of Los Angeles County’s children and families:

- Good health;
- Safety and survival;
- Economic well-being;
- Social and emotional well-being; and
- Education and workforce readiness.

As the members of the Customer Service and Satisfaction work group considered these outcomes, and what it would mean to achieve these outcomes for all children and families in Los Angeles County, we were inexorably drawn to embrace two propositions.

- The first proposition: Publicly funded, professionally delivered human services, alone, cannot deliver these outcomes for all children and families in need.
- The second proposition: For sustained change, families and communities require individualized responses and supports that reflect the nuances of their circumstances,

EXECUTIVE SUMMARY

community, and culture, individualized responses that large government structures often cannot offer.

These two propositions, taken together, convinced the members of the Customer Service and Satisfaction work group that *if* we take our commitment to the five outcomes seriously, then we must evolve our service delivery system in ways that will build families' and communities' capacities to meet their own needs: not just giving them fish, but helping them learn to fish. This conclusion is what led the work group to articulate and explore the two principles.

With these two principles as the focus for its efforts, the workgroup wanted to explore how well current County and community-based efforts were aligned with these principles. To engage in this exploration, the work group formed a sub-committee who interviewed representatives, including participants, of nine different programs.

This paper summarizes the lessons that emerged from these conversations, and then outlines a series of recommendations that reflect these lessons.

The members of the Customer Service and Satisfaction Work Group would like to thank all of the program representatives who joined us in this exploration. Their willingness to speak openly about their achievements and their frustrations, as well as their passionate commitment to improve the lives of children and families, provided much hope to all of us. We would especially like to thank the parents who participated in the interviews. Their courage, perseverance, and commitment to their families, will continue to offer inspiration to all of us graced by their presence and their stories.

Introduction

In March 2001, the New Directions Task Force approved a two-year action plan to make substantial progress in integrating County human services for children and families. Referred to as the Service Integration Action Plan (SIAP), the plan outline five principles areas of action:

- Access to services;
- Customer service and satisfaction;
- Multi-agency services;
- Data and information sharing; and
- Funding for services.

The Service Integration Branch of the Chief Administrative Office took the lead in organizing work groups for each of the five areas of action. These work groups began work in April 2001.

In July 2001, the Customer Service and Satisfaction work group began to focus on Section 2.1.3 of the SIAP. This section calls for the County to “establish guiding principles for partnering with communities and families based on mutual respect and accountability.”

The work group authorized a sub-committee to work on Section 2.1.3. Appendix 1 lists the members of the work group and members of this sub-committee. In establishing the scope of its work, the sub-committee wanted to insure that whatever it developed would have immediate and practical application for County agencies and community-based agencies, and would also challenge some of the system’s current assumptions about how services are delivered and what is needed to achieve improved outcomes for children and families. To achieve these two ends, the sub-committee rejected a process that would generate a list of abstract exhortations, opting instead to focus on two essential principles:

- County departments and community-based organizations act in ways that increase a family’s capacity to meet its needs within networks of peer relationships; and
- County departments and community-based organizations act in ways that increase a community’s capacity to act on its own behalf.

Why these two principles?

The Board of Supervisors, all of the County’s departments, and organizations across the County have publicly committed to work toward the achievement of five outcomes for *all* of Los Angeles County’s children and families:

- Good health;
- Safety and survival;
- Economic well-being;
- Social and emotional well-being; and
- Education and workforce readiness.

The methodology

You have likely heard or read these outcomes many times before now. Take a moment, however, and consider these outcomes seriously. Think about the over 10 million people in the County, and imagine working to achieve these five outcomes for *every* child and *every* family.

As the members of the Customer Service and Satisfaction work group considered these outcomes, and what it would mean to achieve these outcomes for all children and families, we were inexorably drawn to embrace two propositions.

- The first proposition: Publicly funded, professionally delivered human services, alone, cannot deliver these outcomes for all children and families in need.
- The second proposition: For sustained change, families and communities require individualized responses and supports that reflect the nuances of their circumstances, community, and culture, individualized responses that large government structures often cannot offer.

These two propositions, taken together, convinced the members of the Customer Service and Satisfaction work group that *if* we take our commitment to the five outcomes seriously, then we must evolve our service delivery system in ways that will build families' and communities' capacities to meet their own needs. This conclusion is what led the work group to articulate and explore these two principles.

The methodology

With these two principles as the focus for its efforts, the sub-committee decided to interview representatives, including participants, of nine different programs. These nine programs included:

- Department of Public Social Services: CalWORKs
- Department of Health: Nurse Family Partnership program
- Department of Children and Family Services: programs dealing with child abuse and neglect
- Department of Mental Health: School Based Mental Health Initiative
- Los Angeles County Office of Education: Head Start Program
- Probation Department: Long-Term Family Self-Sufficiency (LTFSS) Project #30 partnership with Northeast Valley Urban Village Initiative (NEVUVI)
- Multi-agency: Children's System of Care
- Multi-agency: Wraparound Program
- Community initiated: Juvenile Crime Prevention Program/Stevenson YMCA Community School

These programs represent a broad spectrum of approaches for working with children and families, and a diversity of perspectives and experiences, including:

- Programs that many people felt were already in alignment with one or both principles;
- Programs that many people felt struggled with one or both principles;
- Programs where participation was involuntary;

Initial reflections on the two principles

- Programs where participation was voluntary;
- Programs initiated by County Departments; and
- Programs initiated by organizations or people in a particular community.

Representatives from these nine programs were interviewed over two days. While each interview began with a standard set of questions, each conversation progressed in unique ways, covering a wide range of issues and topics.

What follows is a summary of the lessons that emerged from these conversations, as well as a series of recommendations that reflect these recommendations.

Initial reflections on the two principles

A large body of research and analysis supports the concept of service providers partnering with *families* based on mutual respect and accountability. The family support movement has for decades demonstrated the importance and the practicality of this approach. (Appendix 2 lists the nine principles that underpin all family support programs in this country.) The work of John McKnight and many others has amplified this concept through the development of *strengths-based* approaches to working with families, approaches that begin with a commitment to recognize, honor, and build upon the competencies and capacities of families who seek help.

The first principle the sub-committee articulated—*County departments and community-based organizations act in ways that increase a family's capacity to meet its needs within networks of peer relationships*—focuses on a particular dimension of a more general approach to working with families based on mutual respect and accountability: families meeting their needs within networks of peer relationships. This first principle also responds to the growing research that suggests that one of the primary barriers families living in poverty face is social isolation.

The second principle articulated by the sub-committee—*County departments and community-based organizations act in ways that increase a community's capacity to act on its own behalf*—shifts the focus from families to communities. While a large body of research and analysis supports the concept of service providers partnering with *families* based on mutual respect and accountability, far less established work supports the concept of service providers partnering with *communities* based on mutual respect and accountability. Large bodies of research and practice have developed frameworks of community capacity building and community organizing, but often these frameworks ignore or reject a service approach and the traditional work of service providers.

Several family support principles do speak to the need for service providers to ground their work in a framework of community capacity building. For example:

- Family Support Principle 3: Families are resources to their own members, to other families, to programs, and to communities.
- Family Support Principle 4: Programs are embedded in their communities and contribute to the community building process.

Comparing different ways of working with families and communities

- Family Support Principle 7: Practitioners work with families to mobilize formal and informal resources to support family development.
- Family Support Principle 8: Programs are flexible and continually responsive to emerging family and community issues.

But researchers and advocates have provided far less documentation of practices focused on how service providers can partner with a community in ways that increase its capacity to act.

One reason for the difficulty in exploring how to increase a community's capacity to act on its own behalf lies in the confusion around the concept of "community." Many conversations among service providers are peppered with the phrase "*the* community" as if there was one, universal group of people who define *the* community. Such language can be profoundly confusing.

Embedded in the second principle—*County departments and community-based organizations act in ways that increase a community's capacity to act on its own behalf*—is a very different focus, a focus on *a* community, not *the* community. That is, the principle focuses on discrete, discernible groups of people who are in relationship with each other. A community can be a geographic community, an ethnic community, a cultural community, or a community of affinity, meaning a group of people who are drawn to act together because of common interests.

For a community to act on its own behalf to improve outcomes for children and families requires a sufficiently strong network of relationships that enables the people in those relationships to act together. To *increase* a community's capacity to act, therefore, requires at minimum building and strengthening networks of relationships that enable people to act together. It also requires that people in the community have the skills and resources to act effectively. So increasing a community's capacity to act on its own behalf can also involve activities that increase a community's skills and resources.

Comparing different ways of working with families and communities

While the first principle focuses on one dimension of strengths-based work with families—partnering with families in ways that increase a family's capacity to meet its needs within networks of peer relationships—at times the case studies reflected a more general focus on strengths-based work with families.

As we examined the data that emerged from the nine case studies, we began to conceptualize a matrix (see next page) that would help distinguish between a traditional services approach, a strengths-based approach to working with families (that includes our first principle), and a community capacity building approach that reflects our second principle.

Comparing different ways of working with families and communities: A chart

Aspect	Approach	Traditional Service Approach	Strengths-Based Work with Families	Community Capacity Building
Orientation		Problems of families	Strengths of families	Strengths of communities
Who we work with		Client as recipient of discrete services	Families as sources of strengths that can contribute to the solution	Communities as sources of ongoing support and solutions for families
Relationship to geography & networks of personal relationships		Geography & relationships hardly relevant	Geography matters some; networks of relationships matter more	Geography and networks of relationships matter a lot
Ultimate response		Do it for them	Help them do for themselves	Never do for others what they can do for themselves
At its best		Provides a cure for effects	Provides prevention for individual families by focusing on causes within family's control	Provides prevention for multiple families by focusing on causes within family and community's control
Frequent consequence when successful		Individual needs met; client still dependent on services	Individual needs met; family begins to rely on its own resources	Individual needs met; families begin to rely on each other for other needs
Frequent consequence when not successful		Client more isolated than before; still dependent on services	Families may still have some understanding of their individual strengths	Families may have networks of relationships they can continue to rely on
Control of program		Concentrated; top down	Concentrated; but some flexibility with families	Shared between County departments and community leadership
Nature of power relationship between providers and participants		One-way: provider to client	Two way: provider to family and family to provider	Multiple directions: providers to families; families to providers; families to each other
Relationship to service integration		Service integration may be helpful but not essential	Service integration very important	Service integration essential

The lessons from the case studies

Some observations about this matrix:

- The three columns are distinct, but not mutually exclusive, approaches to achieving outcomes for children and families. Programs can pursue one or more of these approaches simultaneously.
- The chart does not imply that one approach is always better or more appropriate than another. Hospital emergency rooms are not likely to become focused primarily on organizing and community capacity building.
- The chart represents a *possible* developmental path, but not a necessary one. That is, individuals and groups can move from a service approach to a strengths-based approach to a community capacity building. They can also move from a service-based approach to a strengths-based approach but not embrace community capacity building. Some may also move to community capacity building without working directly with individual families.
- This chart reflects a bias for simplicity, and as such, does not capture many of the nuances of particular programs. Still, we found that the data from the case studies supported these distinctions, and more to the point, that being disciplined about these distinctions helped us understand some of the differences between programs that sometimes used similar language to describe different approaches and philosophies.

The lessons from the case studies

We have divided these lessons into two categories: lessons that applied generally to both the second column, strengths-based work with families (including our first principle) and the third column, community capacity work; and lessons that applied specifically to our two principles of acting in ways that increase a family's capacity to meet its needs within networks of peer relationships, and a community's capacity to act on its own behalf.

Lessons for both strengths-based work with families and community capacity building work generally

1. *Starting there, not evolving there*

Generally, programs that *begin* with a commitment to strengths-based work with families have a much easier time sustaining their commitments than programs that begin with a service approach and attempt to evolve a strengths-based approach. Head Start embraced a strengths-based approach to working with families from its inception over 30 years ago. While the intensity of commitment may vary from chapter to chapter, every Head Start program reflects a basic commitment to strengths-based work with families. Similarly, the Nurse Family Partnership program, begun 4 years ago in Los Angeles County, implements a model, first piloted 22 years ago in New York, that reflects a fundamental commitment to partnering with teenage mothers.

This lesson also applies to community capacity building work. That is, it is much easier for a program to act to increase a community's capacity to act on its own behalf when it begins with this commitment rather than if it evolves to this commitment. This is true even for programs that begin with a commitment to strengths-based work with families. The story of the Juvenile Crime Prevention Program and the Stevenson YMCA Community School provides the most compelling documentation of this aspect of the lesson. The YMCA of Greater Long Beach initiated both programs. The first program, the Juvenile Crime Prevention Program, began with a collaborative planning effort among 18 local agencies. Parents and community residents were invited into the planning structure after the basic program components had been established. The Stevenson YMCA Community School, by contrast, involved parents and residents from Long Beach in the very first planning conversations. The difference, according to the two program designers, has been dramatic. It took over two years to earn the trust and integrate the participation and leadership of family members and residents into the Juvenile Crime Prevention Program; the Community School has enjoyed a far higher level of participation and leadership from community members.

2. Culture and leadership

An organization's culture and leadership dramatically affects its capacity to embrace and act from either of the two principles. When the leadership of an organization has embraced one or both of the principles, and when the principles permeate an organization's culture, the organization will more likely act consistently with these principles.

Two examples may help illustrate this point. The Department of Children and Family Services (DCFS) has principal responsibility for child abuse and neglect cases. For much of its history the department's culture has developed around a primary mission: to protect the child. More recently, the Department has begun to embrace a commitment to families and to family preservation. The department is now striving both to carry out its primary mission to protect the child, and to align itself as a supporter of the family and family reunification. These twin missions would be difficult to accomplish under the best of circumstances: staff who have been trained to orient to a case with a commitment to protect the child must now learn very different orientations, some of which actually conflict; organizational structures once designed to carry out one mission must be reorganized to reflect the second.

Staff members from the Department of Public Social Services (DPSS) assigned to implement CalWORKs programs have faced a similar challenge in shifting the culture of a department that has historically administered basic assistance to now embrace a commitment to supporting families. For example, the commitment to support families can conflict with historical mandates to enforce strict eligibility requirements and prosecute ineligible families who receive services.

The challenge of such profound cultural shifts is real, and must be met with resources, profound engagement from the senior leadership of the departments, and deep support from leadership throughout the County system, including the Board of Supervisors and community leaders. When departmental leadership is not engaged in the change process, staff will not be able to sustain the effort necessary to transform the Department and its way of working with families. And when the Department is not supported by political and community leaders, or when those leaders feel ambivalent about the change process underway within the Department, staff can

often feel trapped in a no-win game, which in turn can undermine their morale and make the change process more difficult.

Please understand: these are not trivial or abstract concerns. Many of the case studies we heard offered concrete illustrations of the profound and devastating effects that can befall families caught in the middle of cultural shifts within departments. This is not an issue of one bad worker or one bad manager; rather it is an issue of the resources, commitment, and support required both within and outside of the departments to make the changes needed.

The committee members who conducted these interviews know that these are not new issues to the departments. We heard of change efforts underway in both many of the departments: for example, in one such effort, DCFS has organized a new bureau, the Bureau of Child Protection, in part to rigorously separate the investigation of child abuse from the provision of services to the family. Nevertheless, after reviewing all of the case studies we heard, committee members concluded that County human service departments must more aggressively address the issue of evolving their cultures to meet family and community needs. In particular, we believe departments must develop more robust and trusting partnerships with community-based organizations and agencies that can provide support to families in ways the departments cannot.

3. Commitment to ongoing staff and organizational development

Related to this issue of culture and leadership is the need for ongoing staff development. All of the programs we examined articulated the need for ongoing staff and organizational development. For programs and organizations used to a more traditional service approach, the shift in roles and responsibilities for staff can be dramatic, and often counter to instincts developed through years of experience. Developing a staff's capacity to enter into partnerships with parents and community members, and to think strategically and developmentally about networks of relationships, cannot be achieved in episodic training efforts; the commitment must be ongoing, and unfold in multiple forums, including staff-wide training, small group work, individual meetings, and others.

4. Clarity about roles between professionals and community residents

For several programs we examined, clarity about roles was important, particularly clarity about the roles played by professionals and community residents. A number of programs have made a commitment to use parents and neighborhood residents as volunteers and as paid staff. This can work well, but only with ongoing training and support.

Sometimes, parents or residents becoming volunteer or paid staff can have unintended consequences. For example, in one of the programs developed by the YMCA of Greater Long Beach, staff hired parents as Community Workers to provide some of the case management services families needed. After six months, program assessments showed that for many of the families involved in case management, family functioning had actually gotten worse. When staff investigated this trend, they determined, among other things, that they had not adequately prepared the Community Workers to serve in the capacity as paraprofessional social workers. The parents were not yet skilled enough to pick up verbal and non-verbal clues about hidden family problems such as domestic violence. Moreover, though staff had believed that the relationships the Community Workers had with people in the community would be an advantage,

these relationships actually presented a barrier to communication. Many families did not want to divulge information about sensitive personal issues with their neighbors. The YMCA found that trained social workers netted better outcomes and now uses them for this type of work.

In this case, staff became clearer about what parents and residents could do, and what roles professionally trained staff should handle. And, as this program continues to develop, and the relationships and trust between residents deepen, staff may discover over time that residents become more comfortable with their neighbors playing roles that, for now, seem inappropriate.

5. *Funding*

Funding sources can hinder or support agencies and organizations that want to pursue strengths-based work and/or community capacity building work. We heard stories of both experiences.

The School-based Mental Health Initiative, a collaborative effort to locate mental health services in the community where they will be more accessible to children and families who need them, receives its primary funding from the Early and Periodic Screening and Disability Treatment (EPSDT) program. While the availability of this funding has enabled the placement of mental health services in the schools, the regulations governing the funding also prevent practitioners in this initiative from more fully embracing strengths-based and community capacity building work. How? Funding from EPSDT is based on billable units, tied to individual clients. What this means is that unless a counselor is seeing a specific client and providing a specific service, his or her time cannot be billed. So none of the informal relationship work that is needed to help mental health workers become part of the school and the surrounding community, and to better understand the context that impacts the lives of their clients, can be billed to EPSDT.

On the other hand, the funds available through Long-Term Family Self-sufficiency Project #30 have enabled the Probation Department to participate in a community building initiative to reduce juvenile crime with the Northeast Valley Urban Village Initiative (NEVUVI), an initiative and a relationship that the Department may not have pursued without the encouragement of these new dollars.¹ Strengths-based work with families, and particularly community capacity building work, do not just happen; resources are needed to help staff transition into new roles and to build and support the networks of relationships to sustain these approaches.

6. *Size of caseload and mandated participation*

Another perhaps obvious point: the size of the caseload for individual workers and for agencies as a whole impacts the capacity of these workers and agencies to embrace strengths-based work and community capacity building. The programs we interviewed that had most successfully begun to implement one or both of these approaches worked with relatively smaller numbers of families on a voluntary basis. Programs that had very large caseloads of families who were required to participate had a relatively more difficult time aligning with these two approaches.

¹ Note that while the Probation Department has entered into a very effective relationship with NEVUVI, its financial relationship under LTFSS Project #30 is with California State University @ Northridge.

One of the reasons for this is that as an agency or program's caseload increases, so does the pressure to standardize procedures and to disburse different program components across multiple staff. Standardized procedures make it more difficult to develop individualized responses to fit the particular circumstances of families and communities; multiple staff working on different aspects of a "case"—e.g., intake, compliance, different program services offered or required—decrease the likelihood that partnerships will form between a family and the service workers, and increase the likelihood that mistakes in communication or judgment will lead to an adversarial relationship between a family or community and the program. These tendencies become even more exaggerated when multiple agencies are intervening with the same family or community, particularly when those agencies do not coordinate or collaborate well with each other.

While large caseloads and mandated participation makes it more difficult for programs to embrace strengths-based work with families and community capacity building approaches, we heard of a number of examples of County departments working to do just that.

Through CalWORKs, for example, the Department of Public Social Services (DPSS) is working to evolve from a traditional welfare department to more of an employment support agency. The department has expanded services, including employment counseling by professional job developers, vocational assessment, training, basic education and work experience. Individuals also receive assistance with childcare and transportation, as well as substance abuse, mental health and domestic violence services to address issues that can impede progress toward full employment. The department has forged partnerships to support the goals of CalWORKs, including partnerships with business organizations, community colleges, adult education, childcare agencies, service providers, the faith community, and community-based organizations. Symbolic of the shift in perspective, DPSS staff now use the term "participants" instead of "recipients" to better reflect the more active role participants are encouraged to play in taking control of their own lives.

A program model more deeply aligned with strengths-based work with families and community capacity building is the Family Group Decision-Making initiative piloted by the Department of Children and Family Services (DCFS). Pioneered with indigenous populations in New Zealand, this initiative involves a conflict resolution methodology in which the family takes a leading role in resolving its problems. Family members, friends, community specialists, and other persons invited by the family meet with the assistance of professional social workers and facilitators to create a plan for the care and protection of a specific child or children.

DCFS has implemented this program on a very limited basis through one of its field offices from October 1998 through June 2001. During that period, an average of two families per week participated in the program, with a total of 84 families, including 647 family members and participant-invitees taking part over the life of the pilot. The Department has hoped to take this program Countywide for some time, but has encountered a number of barriers that so far has prevented this expansion. These barriers include:

- County regulations governing space, that make it difficult for departments to rent space or co-locate services and supports with other community-based organizations.

- The process requires DCFS to decentralize the Family Group Decision-Making teams into the Service Planning Areas. This decentralization process requires relationships and partnerships that will help DCFS insure quality and accountability. When DCFS does not have such partnerships and relationships, implementation becomes harder.
- The Community Worker staff positions, a key component of the process, were downgraded in the last budget cycle to Intermediate Typist Clerk positions. DCFS will request the Community Worker positions again in the next budget cycle.
- The process is costly, requiring considerable preparation time (an average of 30 hours per family group meeting) and lengthy family meetings (an average of 3.9 hours per meeting).
- The conflicts within the Department's culture noted earlier. That is, DCFS struggles to establish a balance between its legally mandated responsibility and accountability to protect children, and its desire to partner with, preserve, and empower families.

These barriers are not unique to this initiative, or to DCFS; indeed, they are typical of the barriers large County departments have encountered when they seek to adopt strengths-based approaches or community capacity building strategies for their work with large numbers of families and multiple communities. The existence of such barriers, however, does not negate the need for Departments to more aggressively pursue such approaches, particularly as the County moves to embrace accountability for the five outcomes. These barriers do suggest some of the systems changes that will be required to enable County departments to explore strengths-based approaches with families and community capacity building strategies.

Lessons specifically for our two principles— acting in ways that increase a family's capacity to meet its needs within networks of peer relationships, and a community's capacity to act on its own behalf

7. Strengths-based work with families does not automatically lead to helping families meet their needs within networks of peer relationships

Of the nine case studies we heard, *only* those programs that focused on building *community capacity* engage in work designed to increase a family's capacity to meet its needs within networks of peer relationships. That is, we heard from several programs that had embraced a strengths-based approach to working with families, but who did not extend that work to helping families build relationships with neighbors, friends, extended family or others who could support the family in meeting its goals. For example, the Health Department's Nurse Family Partnership program, a program deeply committed to building on the strengths of the individual teen mothers who join the program, does not help the individual teen mothers develop relationships with each other. Such relationships could be an invaluable source of support and self-help for the mothers, but the model does not call for the creation and facilitation of such relationships. This particular example reflects a larger bias of the "service model": seeing program participants as individual service recipients instead of as people connected to expanding networks of relationships.

8. *Fear, and consequences, of failure*

One of the barriers that prevents agencies and organizations from pursuing strategies that help families develop peer relationships that can help support them is fear of, and the consequences of, failure. Within the Department of Children and Family Services (DCFS), for example, workers fear that a mistake in judgment can mean that a child dies. Such potential consequences can lead workers to mistrust the family, or the community, or anyone whom they feel does not share the same accountability or concern for the child's well being. Such mistrust, unfortunately, then undermines the potential for relationships with community partners, and ultimately the family, that could ultimately lead to safer and more supportive environments for the child.

This example suggests a broader culture of fear and blame within the services system. If a child dies, or if a family suffers because of denied service, often the media, elected officials, and community advocates begin an aggressive hunt for the responsible worker or agency. We might ask: How does the death of a child become the responsibility of one agency, or one worker, instead of a community's responsibility?

The next two lessons speak to this question, and some of the larger challenges that our two principles present for the services system and for communities throughout Los Angeles County.

9. *A bias toward professionalism*

What do we mean by professionalism? An emphasis on specialized knowledge and skill that are possessed only by people—professionals—who have attained high levels of formal education and extensive structured experience.

Beginning in the early 1900's, and accelerating over the last four decades, there has been an increasing emphasis on professionalism in human services. This movement has been motivated by laudable values, including the desire to insure high quality and knowledgeable service to participants. Increasing the education levels, training and skill of service providers has created important improvements in the system.

Over time, however, this emphasis on professionalism has created an unspoken assumption in the system, and often in communities as well, that *only* professionals are qualified to provide services and supports to people in need. And this assumption creates a barrier to strategies that seek to increase a family's capacity to meet its needs within networks of peer relationships, and to strategies that seek to increase a community's capacity to act on its own behalf. If *only* professionals are qualified to provide support and services to families in need, then peer support or community-based strategies will be seen as illegitimate.

Staff members of the Nurse Family Partnership Program encountered this bias from the program's designers in New York. The model is proprietary. Departments can only implement the model if they agree to abide by the program's rules, including a restriction that only public health nurses can work with the mothers. The program designers do not want the model weakened by using non-nurses to work with the mothers. The consequence, however, is that the program is very expensive, and fewer families are reached than might otherwise benefit from the program if community members and paraprofessionals were recruited and trained to support the work of the nurses.

Despite this restriction, staff members of the Los Angeles County program have explored promising relationships with *promotoras*, experienced mothers who are trained to work with new mothers in their community, and other community-based home visitation and support efforts. Recently, they developed a plan to co-locate the Nurse Family Partnership with a number of these community-based programs so that staff could share resources and support and learn from each other. Unfortunately, County administrative policies have thus far frustrated this effort at collaboration.

10. *The nature of service relationships*

A more subtle barrier to the adoption of the two principles than this bias toward professionalism is the nature of service relationships generally. Service relationships, by definition, are not relationships of mutuality or reciprocity. Within the service system, the power dynamic in these relationships is clear: someone—a professional—provides help to someone else—the client. The professional controls the resources in the relationship; the client's power is circumscribed.

In recent years, we have begun using a different term instead of client; we now call this person a customer. The adoption of this term was intended to be less demeaning to the person receiving services; it also was intended to focus service professionals on the need for “customer service.”

From the perspective of power within the relationship, however, this new term does not shift, nor reflect a change in, the fundamental nature of the relationship. As a “customer,” a person who receives services has the same limited power she had when she was called a “client”—the power to choose not to participate in the services. This is not much power; it is certainly not the relational power of a citizen, a neighbor, an advocate, or a friend. Even at their best, service relationships typically reinforce the agency of the service provider, not the agency of the person receiving services.

Two examples may help illustrate the subtle nature of this barrier to the two principles. Staff of several programs we interviewed touted their commitment to be on-call 24/7: 24 hours a day, 7 days a week. This commitment was offered as a demonstration of their deepening commitment to serve the needs of their program's participants, whenever those needs arise. But such availability also reinforces the relationship of the participant to the service provider; it does nothing to help the participant develop a network of relationships with neighbors, family members. What happens when the service ends and the service provider goes away?

A number of programs have hired, or are considering hiring, Family Advocates, people who often are from the communities that a program seeks to serve, have participated in the program, and have relationships with people currently in the program. Programs conceive of this role in different ways, but typical expectations are that Family Advocates build trust with parents and families who are receiving services and help them navigate some of the complexities of the program or the larger service system.

If done well, this can be a vital role within the service system. It can also, however, become a role that continues the pattern of undermining the agency of parents and families. If the Family Advocate always speaks *for* the families in the program, how do program participants develop

their own voice? If the Family Advocate is the person whom a family always calls for help, how will families expand their own network of relationships?

These two tenets of the service system—service relationships and a bias toward professionalism—combine to create a dynamic that helps persuade individuals and families that we are not capable of impacting what is happening in our communities, and further, that we are not responsible. Someone else—service providers and service agencies—is responsible. And as policy makers and service providers sense this lack of accountability, they continue to take on more responsibility, further reinforcing the dynamic.

From inside of this dynamic, acting to increase a family's capacity to meet its needs within networks of peer relationships, or a community's capacity to act on its own behalf, may be almost inconceivable.

11. *Failure or limitations of other approaches to improve outcomes*

What helps these principles *become* conceivable, among other things, is the failure of other approaches to improve outcomes. When a program or department begins to focus on the outcomes it is achieving, and the cost of its current programs in relationship to those outcomes, this analysis often creates the incentive to develop alternative approaches. The Wraparound Program, a multi-agency, community-based initiative designed to offer support to the most emotionally troubled children and their families, evolved in part because of the failure of traditional service approaches to create sustained improvements for these families.

12. *Relationships in a community*

Acting to increase a family's capacity to meet its needs within networks of peer relationships, or a community's capacity to act on its own behalf, becomes more plausible when a department or organization has trusting, working relationships with people and other organizations in a community. The relationship that has evolved between staff in the Probation Department and the leadership of the Northeast Valley Urban Village Initiative, for example, has enabled the department to explore ways of working with families and their children who are in trouble that would be unthinkable without this partnership. And this partnership will, many of its participants believe, encourage the department to develop relationships in other neighborhoods and with other communities that may produce even more innovative approaches of supporting families and their children.

13. *Conceptual confusion*

One of the most subtle barriers to fully realizing the promise of these two principles, or even to exploring them, is a pervasive confusion about exactly what they mean. An excerpt from one of the case study summaries dramatically illustrates this point.

The intent of [the initiative] is to be a community-based and family-focused program. Although funding limitations and other barriers have prevented it from reaching its full potential, it is working toward the two partnering principles for collaborating with communities:

1. County departments and community-based organizations should act in ways that increase a family's capacity to meet its needs within networks of peer relationships, e.g., other family members, friends, and members of the community.
2. County departments and community-based organizations should act in ways that increase a community's capacity to act on its own behalf.

Specifically, the Initiative acted in concert with these two principles by:

- Utilizing both community-based contractors and directly-operated service providers in a collaborative effort to provide services.
- Providing services in schools and in families' homes, where they are more readily available and accessible to the clients, and providing services at times convenient to family members, allowing better family participation in the process.
- Providing services in a culturally appropriate manner, when necessary.
- Involving community providers in the planning process for the ongoing implementation of the program.

Let's examine each bulleted point separately. "Utilizing both community-based contractors and directly-operated service providers in a collaborative effort to provide services." This is a very good strategy for improving the delivery of human services, but how does this strategy increase a family's capacity to meet its needs within networks of peer relationships, or a community's capacity to act on its own behalf? This strategy represents action consistent with the two principles only if we *confuse* community-based contractors and directly-operated service providers with *a community*. Service providers and contractors may be part of a community, but they are not of themselves a community, at least not the kind of community that is imagined in the second principle.

"Providing services in schools and in families' homes, where they are more readily available and accessible to the clients, and providing services at times convenient to family members, allowing better family participation in the process." Again, these practices are very good ways to improve the delivery of human services, but say nothing about how these practices help families develop their own networks of support.

"Providing services in a culturally appropriate manner, when necessary." Same analysis: being culturally appropriate is an important improvement in service delivery processes, but does not in and of itself mean that families are developing their own networks of support or that a community is developing its capacity to act on its own behalf.

“Involving community providers in the planning process for the ongoing implementation of the program.” This point makes the same mistake the first point makes—confusing “community providers” with a community.

This conceptual confusion, while subtle, is quite real, and a significant barrier to acting in deep alignment with the two principles. Members of the Customer Service and Satisfaction subcommittee that participated in these interviews struggled with this conceptual confusion as well. One hypothesis that we currently hold about why this conceptual confusion persists, within us and elsewhere, is that the service culture is so pervasive that it is invisible, much as water is invisible to a fish because it is the only environment it knows. If our hypothesis is correct, then this confusion will only be overcome by sustained dialogue and exploration, together with the development of more concrete examples of programs and initiatives acting in alignment with the principles.

Recommendations

Given the analysis of this paper, the Customer Service and Satisfaction Workgroup has developed several commitments and recommendations.

The workgroup commits:

1. to examine Section 2 of the Service Integration Action Plan in light of the lessons articulated in this paper and to recommend changes to Workgroup 6 within the next 3 months.

The workgroup recommends that the New Directions Task Force:

2. adopt the Family Support principles as markers of how the County Human Services System wants to interact with families and communities in ways to insure the achievement of the five outcomes;
3. adopt the two principles we have articulated as concrete ways to operationalize the Family Support principles;
4. ask each County department to identify at least two initiatives within the department that will implement approaches aligned with one or both of these principles over the next 2 years; and
5. advocate for the County's community partners to adopt these two principles.

The workgroup recommends that the Children's Planning Council, in alignment with its four strategic directions,² act to:

6. adopt the two principles as essential to achieving the five outcomes for children and families;
7. advocate for each SPA/AIC Council and its community partners to embrace these two principles;
8. advocate for each member organization of the Children's Planning Council to adopt these two principles; and
9. invest in SPA/AIC Council capacity to support initiatives that are aligned with these two principles.

² See page 20 of the February 1998 report entitled *Laying the Groundwork for Change*.

APPENDIX 1
Customer Service and Satisfaction Work Group Roster

APPENDIX 1

Workgroup Member

Affiliation

Alexander, Pat	Service Planning Area 8 Council
Aranda, Michael	Los Angeles County Sheriff's Department
Arroyo, Mila	Service Planning Area 3 Council
Bell, Daphne	Internal Services Department
Berrios, Alvaro	Service Planning Area 8 Council
Blow, Roosevelt	Los Angeles County Sheriff's Department
Brambila, Randy	Los Angeles County Office of Education
Brzozowski, Bobbi Savage	Service Planning Area 2 Council
Cabrera, Annie	Los Angeles County Office of Education
Calderon, Ricardo	Department of Health Services
Carr, Susan	Consultant
Carrillo, Cordé	Community Development Commission
Chan, Sam	Department of Mental Health
Clark, Carolyn	Department of Health Services
Doyle, Willie	Service Planning Area 1 Council
Drakodaidis, Alisa	Chief Administrative Office
Edwards, Debbie	Vice Chair Workgroup 2
Escobedo, Laura	Service Planning Area 2 Council
Evans, Karen	Family Resource Center Initiative
Fisher, Daniel	Los Angeles Homeless Services Authority
Flores Aguilar, Yolie	Children's Planning Council
Frederick, Julie	Department of Health Services
Gilden, Janice	Children's Planning Council/IOG
Gonsalves, Sue	Department of Children and Family Services
Hammer, Mary	Service Planning Area 8 Council
Hill, James	Department of Children and Family Services
Houston, Monica	Service Planning Area 3 Council
Inocente, Arlene	Department of Children and Family Services
Iwanaga, Doug	Department of Human Resources
Iwataki, Miya	Department of Health Services
Jacildo, Dora	Service Planning Area 8 Council
Jimenez McSweyn, Sara	Service Planning Area 4 Council

APPENDIX 1

Workgroup Member

Jones, Loretta
Kay, Robin
Kent, Karen
Markey, Penny
Marmolejo, Rita
Martin, Jane
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Mooney, Colleen
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Perez, Tayde
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Saenz Yaffe, Toni
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Salva, Carol
Shulman, Edie
Stalcup, Irl
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Taylor, Sandra
Torres, Elvia
Valeriano, Gil
Vlick, Carla
Watson, Carrie
Wilson, Patsy
Yokomizo, Bryce

Affiliation

Service Planning Area 6 Council
Department of Mental Health
Chief Administrative Office
County of Los Angeles Public Library
Child Care Planning Committee
Probation Department
Department of Public Social Services
Department of Human Resources
Department of Community and Senior Services
Service Planning Area 8 Council
Department of Public Social Services
Department of Children and Family Services
County of Los Angeles Public Library
Children's Planning Council

Los Angeles County Probation Department
Interagency Council on Child Abuse and Neglect
Department of Parks and Recreation
Service Planning Area 1 Council
Department of Human Resources
Department of Human Resources
Service Planning Area 3 Council
Los Angeles County Probation Department
Department of Human Resources
Consultant
Internal Services Department
Department of Public Social Services

Subcommittee members included: Bobbi Brzozowski, Annie Cabrera, Janice Gilden, Valaida Gory, Sara Jimenez McSweyn, Robin Kay, Karen Kent, Colleen Mooney, Toni Saenz Yaffe, Carol Salva, and Edie Schulman

APPENDIX 2
PRINCIPLES OF FAMILY SUPPORT PRACTICE

PRINCIPLES OF FAMILY SUPPORT PRACTICE

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhances families' capacity to support the growth and development of all family members, adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are molded in all program activities, including planning, governance, and administration.

Source: Family Resource Coalition of America (1996) Guidelines for Family Support Practice.



Service Integration Action Plan Recommendation Submittal Form

Workgroup 6 is responsible for updating the New Directions Task Force (NDTF) on the progress of the workgroups and the overall implementation status of the Action Plan. In support of implementing the Action Plan, recommendations may need to be presented to NDTF to secure a commitment to move forward on either the substance and/or the progress of an action step. Recommendations are to be action-oriented and may be presented to adopt new policy, set strategic direction, substantially change the Action Plan, secure the allocation of additional resources to support implementation, and/or secure the commitment to implement new business processes within or among departments. This form should be used to present the context of the recommendation.

Recommendation SIAP Task #:1.4.1, 1.4.2, 1.4.3, 1.4.4

NDTF Approval Needed: Yes

Adopt the Outcomes Screening Tool (OST) for potential use with clients who are in the system for 30 days or longer, and particularly those who might require services from more than one system.(D.8) Pilot the OST in County departments, FRCs, and CBOs for six months to one year.(D.9) Develop a database to track client progress/outcomes, suggest program modifications and guide the creation of future services/programs, etc. (D.10) Determine how many and which existing clients or case planning forms the OST can replace.(D.11)

Purpose of the Recommendation

(Include the rationale, what will be achieved, and benefits)

The OST is not a risk assessment tool. The OST was developed for use by County and non-County agencies, and has the potential to dramatically affect the identification of client needs, help smooth referrals, and allow for the collection of outcome data on clients. The tool also has the potential to affect the work processes of agencies and staff, and its use needs to be tested. The OST rates the clients on a scale of 1 to 5, with 5 indicating self-sufficiency, and 1 indicating immediate outside assistance is required. A series of evaluations are performed, the first shortly after entry into the County system, others at six month intervals of receiving service, and the final one at termination. At termination, the goal is for the client to achieve a score of at least 4 across all outcome areas, which indicates they are on their way to self-sufficiency.

The Access to Services Workgroup is endorsing the use of an OST with clients who are likely to receive services for at least 30 days. This one-page tool, originally developed by Placer County approximately two years ago, has been amended slightly to reflect Los Angeles County's Board of Supervisors' adopted five outcome areas for children and families. Two versions of the OST have been modified for use in Los Angeles County: Child and Adult. This tool is a key element of the Service Integration Action Plan, as it:

- Focuses on the whole client;

- Ensures that the full range of client needs are addressed at either intake or after 30 days in the system and at regular intervals thereafter;
- Serves to efficiently move clients across systems (actualizes our “no wrong door” policy);
- Requires that multiple County departments and agencies work together to comprehensively provide needed services;
- Can dramatically reduce client paperwork (e.g., the State of California has approved this tool as a replacement for 55 pages of Placer County’s Department of Mental Health forms); and
- Implements Los Angeles County’s Strategic Plan Goal #5 with its focus on improving client outcomes in our five areas—good health, safety and survival, economic well-being, social and emotional well-being, and educational and workforce readiness.

Linkages

What is the linkage between the recommendation and the Service Integration Action Plan Performance Measures, the County’s Strategic Plan, and other Workgroups?

The OST is compatible with the *Values and Goals of the SIAP*, as follows:

- Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals.
- There is no “wrong door:” wherever a family enters the system is the right place.
- County agencies and their partners focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of families.
- Families receive services tailored to their unique situations and needs.
- Service providers and advocates involve families in the process of determining service plans, and proactively provide families with coordinated and comprehensive information, services, and resources.
- The County service system is flexible, able to respond to service demands for both the Countywide population and specific population groups.
- County agencies and their partners create incentives to reinforce the direction toward service integration and a seamless service delivery system.

The OST is linked to the *SIAP Access to Services Performance Measures*, as follows:

- Percent of programs and County departments/agencies implementing an organized referral process to serve children and families.

- Number of programs and County departments/agencies implementing an organized referral process to serve children and families.
- Number of children and families reporting an acceptable amount of time between their initial action to seek services and their receipt of services.

The OST is linked to the *County's Strategic Plan*, as follows:

- Goal #5 - Improving client outcomes in our five areas—good health; safety and survival; economic well-being; social and emotional well-being; and educational and workforce readiness.

The OST is linked to the *SIAP Workgroup 3*, as follows:

- Workgroup 3: Multi-Agency Service Delivery – Task 3.4: Develop strategies for delivering multi-agency services across County agencies/departments and outline benefits to County departments, agencies, communities, and families.

Impact

What departments/agencies are impacted by the recommendation and what commitment is needed from each of them?

Use of the OST has the potential to impact all County departments, as well as community agencies, that refer/assist families and children to obtain needed services.

County departments' commitment is needed to:

- Pilot the OST;
- CPC Lead;
- Develop a database to track client progress/outcomes; and
- Determine how many and which existing clients or case planning forms the OST can replace, and take necessary steps to obtain State/Federal approval to do so.

Implementation Plan

What is the plan for implementing the recommendation and what is needed to support implementation of the recommendation?

Phase I: Field Test/Pilot

The field test will be used to determine:

- The usefulness of the listed data elements; and
- If the OST is of value for use throughout County departments and by community partners.

All necessary implementation steps will need to be taken to pilot the use of the OST by County departments and community partners. These steps include, but are not limited to:

- Design of a pilot evaluation instrument;

- Determination of the test population;
- Development of procedures for use of the OST;
- Production of the OST by professional printer, or through electronic means;
- Preparation of pilot instructions;
- Development of training for use of the OST; and
- Evaluation of the pilot.

Phase II: Evaluation and Modification

In Phase II, the OST field test results will be tabulated/evaluated and the form will be revised, as necessary. Shortly thereafter, the modified OST will be presented to NDTF approval to proceed with implementation and release plans.

Phase III: Automation of the OST

Exploration of the possibility of technological application.

Approval Date:

Comments:

WKGP 1 OST-SIAP-2-27-02-NDTF.doc

LOS ANGELES COUNTY OUTCOMES SCREENING TOOL – CHILD

To score, mark the appropriate rating of the individual's **current status** with a pencil or dark pen. Press down firmly.

Service Individual Name: _____ Date of Screening: _____

Screened by: _____ Division/Office: _____

Current Residence: _____

GOOD HEALTH

(5 4 3 2 1)

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | Free of disease or illness; or, disease or illness medically managed. | 0 | 0 | 0 | 0 | 0 |
| 2. | Free of illicit drugs, alcohol, and tobacco. | 0 | 0 | 0 | 0 | 0 |
| 3. | Not sexually active/not engaged in sexual risk behavior. | 0 | 0 | 0 | 0 | 0 |
| 4. | Achieving appropriate level of physical development. | 0 | 0 | 0 | 0 | 0 |

SAFETY AND SURVIVAL

(5 4 3 2 1)

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 5. | Cared for, protected, and receiving the necessities of life. | 0 | 0 | 0 | 0 | 0 |
| 6. | Not being physically, sexually, or emotionally abused by others. | 0 | 0 | 0 | 0 | 0 |
| 7. | Not harming self or placing self at risk of injury or illness. | 0 | 0 | 0 | 0 | 0 |
| 8. | Obeying all laws. | 0 | 0 | 0 | 0 | 0 |
| 9. | Not involved with the juvenile justice system. | 0 | 0 | 0 | 0 | 0 |
| 10. | Not associating or involved with gangs or offenders. | 0 | 0 | 0 | 0 | 0 |

ECONOMIC WELL-BEING

(5 4 3 2 1)

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 11. | Living in a family that is self-sufficient and self-supporting. | 0 | 0 | 0 | 0 | 0 |
| 12. | Financial circumstances not adversely impacting growth and development. | 0 | 0 | 0 | 0 | 0 |

SOCIAL AND EMOTIONAL WELL-BEING

(5 4 3 2 1)

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 13. | Happy with life and experiencing positive self-attitude. | 0 | 0 | 0 | 0 | 0 |
| 14. | Living in a safe, stable, and nurturing environment. | 0 | 0 | 0 | 0 | 0 |
| 15. | Interacting positively with all other persons at current residence. | 0 | 0 | 0 | 0 | 0 |
| 16. | Achieving appropriate level of emotional development. | 0 | 0 | 0 | 0 | 0 |
| 17. | Engaged in self-controlled, positive, non-violent behavior. | 0 | 0 | 0 | 0 | 0 |

EDUCATION/WORKFORCE READINESS

(5 4 3 2 1)

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 18. | Attending school on time every school day. | 0 | 0 | 0 | 0 | 0 |
| 19. | Obeying school rules. | 0 | 0 | 0 | 0 | 0 |
| 20. | Participating, earning passing grades, and learning. | 0 | 0 | 0 | 0 | 0 |
| 21. | Participating in school enrichment or organized non-school activities. | 0 | 0 | 0 | 0 | 0 |
| 22. | Experiencing positive peer relationships at school. | 0 | 0 | 0 | 0 | 0 |

SCREENING RATING KEY

The indicator statement *currently is true* for this child and the child/family/care provider is:

- 5 self-sufficient in sustaining the indicator and does not require outside assistance.
4 participating in outside assistance to sustain the indicator.

The indicator statement *currently is not true* for this child and the child/family/care provider is:

- 3 trying to achieve the indicator, either independently or with outside assistance.
2 not participating in assistance to achieve the indicator, or not trying to achieve the indicator.

The indicator statement is *absolutely not true* for this child and:

- 1 ***immediate*** outside assistance is required.

Attempt to rate each indicator. If status is unknown, draw a line through the indicator.

Los Angeles County Outcomes Screening Tool – Child

Instructions and Screening Key

PURPOSE:

The outcomes screening tool is used to track and monitor the child’s progress to ensure that the services provided are meeting the needs of the child and are positively affecting important areas of his/her life.

GENERAL INSTRUCTIONS:

- Use your best professional judgment when completing this tool.
- On the key below, “yes” may mean “*mostly yes*,” “no” may mean “*mostly no*.”
- You are encouraged to complete the screening tool jointly with the person being screened; you may need to negotiate scores for some items, or record two scores for an indicator, if you and the person cannot agree.
- Attempt to rate each indicator.
- If the status of the indicator is unknown, draw a line through the indicator.

SCREENING KEY:

		PARTICIPATING IN OUTSIDE ASSISTANCE	
		Yes	No
INDICATOR STATEMENT CURRENTLY IS TRUE	Yes	4 participating in outside assistance to sustain the indicator	5 self-sufficient in sustaining the indicator and does not require outside assistance
	No	3 trying to achieve the indicator, either independently or with outside assistance.	2 not participating in assistance to achieve the indicator, or not trying to achieve the indicator
		1 immediate outside assistance is required	

LOS ANGELES COUNTY OUTCOMES SCREENING TOOL – ADULT

To score, mark the appropriate rating of the individual's **current status** with a pencil or dark pen. Press down firmly.

Service Individual Name: _____ Date of Screening: _____

Screened by: _____ Division/Office: _____

Current Residence: _____

GOOD HEALTH

(5 4 3 2 1)

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | Free of disease or illness; or, disease or illness medically managed. | 0 | 0 | 0 | 0 | 0 |
| 2. | Free of illicit drugs or alcohol (if a problem). | 0 | 0 | 0 | 0 | 0 |
| 3. | No unwanted pregnancy; if pregnant, participating in prenatal care. | 0 | 0 | 0 | 0 | 0 |
| 4. | Sustaining appropriate physical, mental, and emotional development. | 0 | 0 | 0 | 0 | 0 |

SAFETY AND SURVIVAL

(5 4 3 2 1)

- | | | | | | | |
|----|---|---|---|---|---|---|
| 5. | Not subject to physical or emotional violence. | 0 | 0 | 0 | 0 | 0 |
| 6. | Not harming self or placing self at risk of injury or illness. | 0 | 0 | 0 | 0 | 0 |
| 7. | Meeting basic needs for food, clothing, shelter, and other necessities. | 0 | 0 | 0 | 0 | 0 |
| 8. | Obeying all laws. | 0 | 0 | 0 | 0 | 0 |
| 9. | Not involved with the criminal justice system/following requirements if involved. | 0 | 0 | 0 | 0 | 0 |

ECONOMIC WELL-BEING

(5 4 3 2 1)

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 10. | Maximizing work hours/activities. | 0 | 0 | 0 | 0 | 0 |
| 11. | Financial circumstances not adversely impacting relationships. | 0 | 0 | 0 | 0 | 0 |
| 12. | Self-sufficient/Totally supporting self and/or family. | 0 | 0 | 0 | 0 | 0 |

SOCIAL AND EMOTIONAL WELL-BEING

(5 4 3 2 1)

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 13. | Happy with life and experiencing positive self-attitude. | 0 | 0 | 0 | 0 | 0 |
| 14. | Living in a safe, stable and supportive environment. | 0 | 0 | 0 | 0 | 0 |
| 15. | Interacting positively with all other persons at current residence. | 0 | 0 | 0 | 0 | 0 |
| 16. | Engaged in self-controlled, positive, non-violent behavior. | 0 | 0 | 0 | 0 | 0 |

EDUCATION/WORKFORCE READINESS

(5 4 3 2 1)

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 17. | Attending school/work/training every day. | 0 | 0 | 0 | 0 | 0 |
| 18. | Transportation adequate to arrive on time where needed. | 0 | 0 | 0 | 0 | 0 |
| 19. | Positive performance at employment/training/rehabilitation activities. | 0 | 0 | 0 | 0 | 0 |
| 20. | Able to establish and maintain positive peer relationships. | 0 | 0 | 0 | 0 | 0 |

SCREENING RATING KEY

The indicator statement *currently is true* for this individual and he or she is:

- 5 self-sufficient in sustaining the indicator and does not require outside assistance.
4 participating in outside assistance to sustain the indicator.

The indicator statement *currently is not true* for this individual and he or she is:

- 3 trying to achieve the indicator, either independently or with outside assistance.
2 not trying to achieve the indicator.

The indicator statement is *absolutely not true* for this individual and:

- 1 *immediate* outside assistance is required.

If the indicator statement is “not applicable,” score the indicator **n/a**.

If the individual's current status is unknown, leave the indicator **blank**.

Los Angeles County Outcomes Screening Tool – Adult

Instructions and Screening Key

PURPOSE:

The outcomes screening tool is used to track and monitor the client’s progress to ensure that the services provided are meeting the needs of the client and are positively affecting important areas of his/her life.

GENERAL INSTRUCTIONS:

- Use your best professional judgment when completing this tool.
- On the key below, “yes” may mean “*mostly yes*,” “no” may mean “*mostly no*.”
- You are encouraged to complete the screening tool jointly with the person being screened; you may need to negotiate scores for some items, or record two scores for an indicator, if you and the person cannot agree.
- Use “n/a” if the indicator statement is “*not applicable*.”
- Leave the indicator blank if the current status of the indicator is unknown.

SCREENING KEY:

		PARTICIPATING IN OUTSIDE ASSISTANCE	
		Yes	No
INDICATOR STATEMENT CURRENTLY IS TRUE	Yes	4 participating in outside assistance to sustain the indicator	5 self-sufficient in sustaining the indicator and does not require outside assistance
	No	3 trying to achieve the indicator, either independently or with outside assistance.	2 not trying to achieve the indicator.
		1 immediate outside assistance is required	

MOTION TO APPROVE SERVICE INTEGRATION ACTION PLAN (SIAP) RECOMMENDATIONS

*Funding for Services Work Group Recommendations:
Revenue Maximization Plan
Revenue Maximization Strategy
Guidelines and Principles for Interagency Funding
and
SIAP Phase I Recommendations Narrative and Formation of SIAP Team*

(APPROVED BY NDTF)

September 10, 2002

The *Revenue Maximization Plan (Plan)*, *Revenue Maximization Strategy (Strategy)* and *Guidelines and Principles for Interagency Funding (Guidelines)* were developed as an integrated, three-pronged approach for maximizing Federal and State revenue on behalf of the County's children and families. The *Plan* seeks to fund health and human services using the "best dollar" available to County departments, agencies and commissions. The *Strategy* and *Guidelines* were created to support the *Plan*, by increasing departmental awareness and capacity for pursuing new multi-agency revenue strategies through training and information sharing; promoting, coordinating, and resolving multi-agency revenue enhancement issues through the establishment of a Revenue Review Cycle.

This Revenue Maximization recommendation as well as all of the other approved Service Integration Action Plan (SIAP) Phase I recommendations will need to be supported throughout implementation activities. The SIAP narrative sets the direction for moving into Phase II implementation activities.

The efforts of Phase I SIAP Workgroups, which included County departments/agencies, community partners, and community representatives, represents a microcosm of what can be done system-wide when key stakeholders come together at the same table with shared values and goals and a structured planning process. To ensure progress is continued toward making County services more accessible, customer friendly better integrated, and outcome-focused in Phase II, a SIAP Implementation Oversight Body is needed. This body will link and integrate activities at all levels within the County and across agencies, and put in place the structure and resources necessary to support systemic change for improving outcomes for children and families.

THEREFORE, I MOVE THAT THE NEW DIRECTIONS TASK FORCE (NDTF):

Request the Chief Administrative Office to:

1. Endorse the attached Revenue Maximization Plan to maximize Federal and State revenue on behalf of children and families and to fund services using the "best dollar" available within County departments, agencies and commissions.
2. Design a Revenue Function and Process for Child and Family Services that would assist in developing revenue strategies to enhance leveraging opportunities; coordinate leveraging activities between departments, agencies and commissions to support multi-

agency funding for program service; and, provide technical advice on the Federal and State regulations and requirements.

3. Implement a Revenue Review Cycle that will precede and compliment the Budget process. The Review Cycle would include instructions and access to technical assistance.
4. Provide Revenue Maximization training to County fiscal and program managers on a range of topics covering different approaches, changes in legislation, policy and, State and Federal programs.

Request NDTF member departments/agencies to:

1. Commit to supporting integrated data collection efforts for the Children and Families Revenue Web page with data collection efforts for the Children and Families Budget.
2. Adopt the attached Guidelines and Principles for Interagency Funding.
3. Approve the County of Los Angeles Service Integration Action Plan (SIAP) Phase I Recommendations narrative and formation of the SIAP Team, which will serve as the implementation oversight body to carry out the recommendations approved by NDTF, align resources, integrate activities, overcome barriers, monitor completion of remaining SIAP tasks, and evaluate performance measures. Members on the team will include the leads/chairs of the Customer Service and Satisfaction Network, Integrated Family Services System Design Team, continuing SIAP Workgroups, Asset Mapping Roundtable, Human Resources Sub-group, and the Executive Director of the Children's Planning Council, and representatives from each of the Service Planning Area Councils/American Indian Council, and NDTF member agencies. The lead for this action-oriented group will be the Chief Administrative Office.
4. Support the SIAP recommendations above by providing necessary resources; continuing executive leadership involvement; ensuring the active participation of appropriate agency staff in implementation activities; and working collaboratively with lead agencies to successfully implement and evaluate the impact of the recommendations in achieving the SIAP values and goals.



Workgroup: Funding For Services
Date Submitted: August 8, 2002

Revenue Maximization Plan Service Integration Action Plan Recommendation Submittal Form

Workgroup 6 is responsible for updating the New Directions Task Force (NDTF) on the progress of the workgroups and the overall implementation status of the Action Plan. In support of implementing the Action Plan, recommendations may need to be presented to NDTF to secure a commitment to move forward on either the substance and/or the progress of an action step. Recommendations are to be action-oriented and may be presented to adopt new policy, set strategic direction, substantially change the Action Plan, secure the allocation of additional resources to support implementation, and/or secure the commitment to implement new business processes within or among departments. This form should be used to present the context of the recommendation.

Recommendation SIAP Task #: 5.2, 5.3

NDTF Approval Needed: Yes

Recommendation:

Endorse the attached Revenue Maximization Plan to maximize Federal and State revenue on behalf of children and families and to fund services using the "best dollar" available within County departments, agencies and commissions.

Purpose of the Recommendation

(Include the rationale, what will be achieved, and benefits)

The County is no different than any state, county, city, department/agency, or private provider in wanting to provide comprehensive, accessible, coordinated, and high quality services to their children and families. Nor is it different in wanting to find the maximum funding for these services in ways that promote flexibility, integrity, and coordination and if possible, reduced or consolidated administrative activities that accompany the use of these funds. Frequently, a lack of knowledge of different revenue sources coupled with a fear of bureaucratic obstacles in accessing another department/agency's revenue streams, failed attempts, and the potential increase in workload for documenting, billing, and monitoring the related activities, stifle exploration of a mutually desirable partnership.

All of the departments interviewed for this project were receptive to learning about how their department/agency could access more Federal funds by using their money "smarter." There was general recognition that there might be better ways to fund existing programs. From leveraging existing funds within their own administration to accessing revenue streams through another department, all within a win-win-win (client-department-County) framework, there was widespread support for approaching funding on a Countywide basis as opposed to an individual department/agency approach. Moreover, coordinating funds helps achieve mutually agreed upon program objectives and outcomes for children and families obtaining services from multiple agencies.

The emphasis of Workgroup 5 has been on increasing Federal dollars through

entitlement programs since that is the main source available for additional funds and using existing dollars in the best and smartest approach from a Countywide perspective. In some instances, departments are in a position to access additional revenue by leveraging within their own organization. Other instances require that departments form partnerships and leverage through one another.

Linkages

(What is the linkage between the recommendation and the Service Integration Action Plan Performance Measures, the County's Strategic Plan, and other Workgroups?)

Linkage to the County Strategic Plan

Organizational Goal 3 – Organizational Effectiveness: Ensure that service delivery systems are efficient, effective, and goal oriented.

Strategy 3: Collaborate across functional and jurisdictional boundaries.

Organizational Goal 5 – Children And Families' Well-Being: Improve the well-being of children and families in Los Angeles County as measured by the achievements in the five outcome areas adopted by the Board: good health; economic well-being; safety and survival; emotional and social well-being; and educational/workforce readiness.

Strategy 1: Coordinate, collaborate, and integrate services for children and families across functional and jurisdictional boundaries.

Strategy 3: Engage individual departments in their planning efforts towards achieving the five outcomes for children and families.

Linkage to the SIAP Values and Goals

- Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals.
- The County service system is flexible and able to respond to service demands for both the Countywide population and specific population groups.
- In supporting families and communities, County agencies work seamlessly with public and private service providers, community-based organizations, and other community partners.
- County agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more strength-based, family-focused, culturally-competent, accessible, user-friendly, responsive, cohesive, efficient, professional, and accountable.
- County agencies and their partners pursue multi-disciplinary service delivery, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization.

Linkage to the Service Integration Action Plan Performance Measures

- Number of multi-agency teams that share and integrate resources in delivery of multi-disciplinary services.
- Number of children and families who receive services from multiple programs and/or departments/agencies whose services are integrated and/or coordinated.
- Percent of County/contractor facilities where services from multi agencies are offered.

Linkage to other SIAP Workgroups

SIAP Workgroup 3: Multi-Agency Service Delivery

Task: 3.2: Develop policies and procedures and a fiscal assessment for sharing existing resources across agencies/departments, including staffing, funding, facilities, translators, and other resources.

Task 3.4: Develop strategies for delivering multi-agency services across agencies/departments and outline benefits to departments, agencies, community and families.

SIAP Workgroup 4: Data/Information Sharing

Task 4.1: Identify departmental/agency/community partners that should share data, the purpose for sharing data, and the ability to share data.

Impact

What departments/agencies are impacted by the recommendations and what commitment is needed from each of them?

The attached Revenue Maximization Plan describes strategies that maximize Federal and State revenue on behalf of children and families and funds services using the “best dollar” available to County departments, agencies and commissions. The plan includes approaches that could impact DHS, DMH, DCFS, Probation, CSS, DPSS, and the Commission on Families and Children (Proposition 10).

The main new funding opportunities are within three Federal entitlement sources: Title IV-E Foster Care, Title XIX Medicaid – Targeted Case Management and Medicaid Administrative activities, and, to a lesser extent, TANF. In most instances, use of these funding sources can be expanded in Los Angeles County to reimburse the County for services already being provided. While access to each funding source may require some additional administrative requirements, these requirements can often be met by altering a current practice (e.g., the way a client encounter is documented). As with any new proposal, each application should include an analysis to ensure that applying for the new funding is cost effective.

The total impact of the plan could range from \$35 million in new funds during FY 2002-03 to well over twice that amount in future years.

Implementation Plan

What is the plan for implementing the recommendations and what is needed to support implementation of the recommendation?

In order for the County to support and continue Revenue Maximization, Workgroup 5 recommends the following:

- Advocate for change in State policies where they are more restrictive than Federal regulations.
- Develop a limited contract with recognized experts in revenue maximization and fiscal leveraging to help Los Angeles County launch new revenue initiatives.
- Support the attached Revenue Maximization Plan.

Approval Date:

Comments:

WKGP 5 Max Rev. Plan–SIAP 7-22-02-NDTF.doc

REVENUE MAXIMIZATION PLAN FOR CHILDREN AND FAMILIES

Title IV-E Foster Care Services

1.0 Expand Title IV-E

Department: DCFS

Partners: Prop. 10 Child Abuse Protection Initiative, Safe Haven Initiative

Rationale: The California Department of Social Services' (CDSS) policy interpretation of Title IV-E does not permit support services that are contracted out to community agencies to be claimed under Title IV-E, even though this is allowed by Federal regulation. Many children and families identified as being at high risk of entering the Child Welfare System (CWS), or are otherwise "linked" to CWS, receive support services through contract agencies to be able to remain in the community. Access to Title IV-E would permit these agencies to obtain up to 50% Federal funding to expand their services or develop new services.

Potential Revenue: Up to \$15 - \$20 million annually or more depending on the criteria developed for Prop 10 CAPI services; Prop 10 dollars can be used as match.

Impact to County: This will be new revenue to the community, it is cost neutral to both the County and State, there will be no increase in County cost. Contracts not expected before April 2003.

Task No.	Task	Start Date	Finish Date	Lead	Status
1.1	Review State and Federal regulations			WG 5, CDSS	Completed
1.11	Explore precedents in California			WG 5	Completed <i>The State permitted Prop. 10 CAPI contractors in Alameda to access Title IV-E under their 1741 waiver</i>
1.12	Confer with State re feasibility and support			WG 5	Completed <i>State has verbally expressed strong support. Los Angeles would be a pilot for the State since no other county has pursued this expansion without a waiver.</i>
1.2	Confirm interest in Los Angeles County			WG 5	Completed <i>DCFS, Prop 10 Commission and Children's Planning Council (Safe Haven) are all interested.</i>
1.21	Analyze benefits to County			WG 5	Completed <i>The \$53 million CAPI funds could leverage several million dollars of additional revenue. Safe Haven could access training funds to support their initiative.</i>
1.22	Analyze costs to County			WG 5, DCFS	Completed <i>Workload to DCFS is minimal; Monitoring issues and MOUs/Operational Agreements would need to be discussed. Quarterly time studies required.</i>

Task No.	Task	Start Date	Finish Date	Lead	Status
1.3	Send letter of request to State			WG 5, DCFS	In progress <i>A letter to the State has been drafted and is under review by CDSS.</i>
1.4	Secure permission and confirmation from State			WG 5, DCFS	<i>Once confirmed, the State will issue a pin code for billing</i>
1.5	Implementation			DCFS, Partners	TBD
1.51	Identify program criteria for accessing IV-E			DCFS Programs	
1.52	Prepare MOU's/Operational Agreements and contracts			Above CAO, CC	
1.53	Establish billing procedures and time study protocol			DCFS, Partners	

REVENUE MAXIMIZATION PLAN FOR CHILDREN AND FAMILIES

Title IV-E Foster Care Services

2.0 Title IV-E Claim for System of Care (SOC) Infrastructure

Department: DCFS

Partners: DMH, Probation, Education

Rationale: Even though placement related activities are the responsibility of DCFS, SOC funds are channeled through DMH. Over 70% of the referrals to SOC are from DCFS. SOC has demonstrated successful outcomes in keeping children out of the group care system and the cost avoidance is significant. Whether SOC positions remain budgeted in their own departments or they are budgeted to DCFS, they are eligible for title IV-E funds. The first option would permit access to Title IV-E pass-through funds. The second allows for an 85% reimbursement or higher and would allow the CWS allocation to grow in future years.

Potential revenue: Up to \$10 million FY 02-03; SOC funds would provide the match if they are not cut from the State budget. If the cost of the positions were covered by DCFS, the program would have access to State basic allocation and augmentation funds.

Impact: Moving the multi-disciplinary team members to DCFS budget would be the most cost effective with up to 85% reimbursement from State and Federal funds; keeping the staff within the DMH, and Probation budgets and accessing pass-through funds from IV-E results in 48% reimbursement.

Task No.	Task	Start Date	Finish Date	Lead	Status
2.1	Review State and Federal regulations			WG 5, CDSS	Completed
2.11	Explore precedents in California			WG 5	Completed <i>Humboldt, Santa Barbara and Placer Counties among others.</i>
2.12	Confer with State regarding feasibility and support			WG 5	Completed <i>State confirmed feasibility.</i>
2.2	Confirm interest in Los Angeles County			WG 5 Partners	Completed <i>DMH interested. DCFS agrees as long as no additional cost.</i>
2.21	Analyze benefits to County			WG 5, Partners	Completed DMH would save \$ 6 million FY 01-02; \$10 million FY 02-03
2.22	Analyze costs to County			WG 5 Partners	In progress <i>DCFS workload is minimal if staff remains budgeted to DMH. Quarterly time studies will be required. May be issues with unions and HRD. Identification of matching funds may be problematic if SOC funds are cut.</i>
2.3	Prepare MOU/Operational Agreement			Partners, CAO	In progress <i>MOU/Operational Agreement has been drafted.</i>
2.31	Secure permission and confirmation from State			DCFS, DMH	In progress <i>State needs to approve MOU/Operational Agreement.</i>
2.4	Move positions into DCFS Budget			CAO	TBD
2.41	Confer with CAO regarding transfer of costs			Partners, CAO	TBD

Task No.	Task	Start Date	Finish Date	Lead	Status
2.42	Confer with Unions and HRD			Partners, Unions, HRD	TBD
2.43	Revisit MOU/Operational Agreement and change if needed.			DCFS, CAO, CC	TBD

REVENUE MAXIMIZATION PLAN FOR CHILDREN AND FAMILIES

Title IV-E Foster Care Services and TANF

3.0 Title IV-E Social Services Time Reporting Plan (SSTRP)

Departments: DCFS and DPSS

Partners: None

Rationale: There are options to assigning costs for support staff, both administrative and clerical, on the SSTRP. Need to assure that the present approach maximizes Federal claiming. Potential increase in Federal claiming with no increase in costs.

Potential revenue: Unknown

Impact: No increased County cost with potential for additional revenue

Task No.	Task	Start Date	Finish Date	Lead	Status
3.1	Review State and Federal regulations			Consultant	
3.2	Evaluate DCFS and DPSS SSTRP and recommend changes if needed			Consultant	

REVENUE MAXIMIZATION PLAN FOR CHILDREN AND FAMILIES

Title XIX MEDICAID ADMINISTRATIVE ACTIVITIES (MAA)/TARGETED CASE MANAGEMENT (TCM)

4.0 Claim MAA/TCM in all eligible departments/agencies/contractors/commissions

Description of MAA/TCM: Medi-Cal Administrative Activities (MAA) are those activities necessary for the efficient administration of California's Medi-Cal plan and include Program Planning and Policy Development, Outreach and MAA Coordination and Claims Administration. Targeted Case Management (TCM) is designed to assist a specified group of Medi-Cal recipients with access to necessary medical, social, educational or other services. It includes Assessment, Plan Development, and Linkages and Consultation. MAA/TCM requires a "Local Government Agency" (LGA) to be appointed to coordinate the program. The LGA in Los Angeles County is currently DMH since that is the only department currently accessing these funds. As the program expands Countywide, the LGA will need to be re-designated.

Departments: DMH, DHS, Prop. 10, CSS

Partners: All above

Rationale: MAA/TCM are readily available funding sources claimed in all but 3 California counties. In Los Angeles only DMH is accessing these funds. Expanding the program to other County departments could generate significant amounts of Federal revenue to cover current programs and admin/indirect activities.

Potential Revenue: Unknown but substantial increase in revenue. The required match would come from existing local and State funds currently funding work already being done. LGA administrative staff will be needed to process claiming and maintain oversight. but can be offset by 50% Federal reimbursement. The LGA will need to charge "user" fees to participating entities to fully cover their cost.

Impact: These programs have some administrative workload but this is minimal. The funding received will be reimbursement for existing services. There will be a cash flow delay until the initial approval process is completed with the State and Federal governments. The State also charges a participation fee.

Task No.	Task	Start Date	Finish Date	Lead	Status
4.1	Review State and Federal regulations			WG 5	Completed
4.11	Explore precedents in California			WG 5	Completed <i>All counties in California but 3 are accessing MAA/TCM for their health costs and other programs.</i>
4.12	Confer with State regarding feasibility and support			WG 5	Completed <i>State will provide forms and some training.</i>
4.2	Confirm interest in MAA/TCM in Los Angeles County			WG 5	Completed <i>DMH, DHS, Prop 10, Probation, DPSS, DCSCS are eligible</i>
4.21	Analyze benefits to County			WG 5 Partners	Completed
4.211	DHS to identify opportunities in Public Health			DHS	Completed

Task No.	Task	Start Date	Finish Date	Lead	Status
4.212	Prop 10 to identify opportunities in Health Initiative, current health related contracts and administration			Prop 10	Completed
4.213	CSS to identify opportunities in senior services			DCSCS	Completed
4.214	DMH, DHS, DCSCS and Prop 10 to consider extension to contract providers			Partners	Under consideration; match from donations and foundations allowed.
4.22	Analyze costs to County			WG 5, LGA, Partners	In progress <i>Additional administrative LGA staff needed to perform workload can be offset by 50% Federal reimbursement. Charge fees to user departments, Prop. 10, and contract providers to fully cover cost. Start up funds needed, will be recovered. Documentation is required.</i>
4.3	Identify new LGA for Countywide services			WG 5, CAO	In progress
4.31	Submit change of LGA form to State			LGA	TBD
4.32	Hire LGA staff			CAO, New LGA	TBD
4.33	Obtain start up funds (to be reimbursed through MAA and "user" fees)			New LGA	TBD
4.34	Develop MOU's with participating providers and the LGA			New LGA	TBD
4.4	Train all participating staff including LGA, contract and County staff.			LGA, Consulting firm	TBD
4.5	Begin implementation in Los Angeles County			LGA	In progress
4.51	Submit Letter of Intent to State DHS for TCM			LGA	Completed
4.52	Notify State of maximum claim amount for MAA			LGA	Completed
4.53	Submit contract to State			State, County	In progress
4.54	Complete time study.			State, TBD	October 2002



Revenue Maximization Strategy Service Integration Action Plan Recommendation Submittal Form

Workgroup 6 is responsible for updating the New Directions Task Force (NDTF) on the progress of the workgroups and the overall implementation status of the Action Plan. In support of implementing the Action Plan, recommendations may need to be presented to NDTF to secure a commitment to move forward on either the substance and/or the progress of an action step. Recommendations are to be action-oriented and may be presented to adopt new policy, set strategic direction, substantially change the Action Plan, secure the allocation of additional resources to support implementation, and/or secure the commitment to implement new business processes within or among departments. This form should be used to present the context of the recommendation.

Recommendations SIAP Task # 5.1, 5.2, 5.4 NDTF Approval Needed: Yes

Request the Chief Administrative Office to:

- (1) Design a Revenue Function and Process for Child and Family Services that would assist in developing revenue strategies to enhance leveraging opportunities; coordinate leveraging activities between departments, agencies and commissions to support multi-agency funding for program service; and, provide technical advice on the Federal and State regulations and requirements.
- (2) Implement a Revenue Review Cycle that will precede and compliment the Budget process. The Review Cycle would include instructions and access to technical assistance.
- (3) Provide Revenue Maximization training to County fiscal and program managers on a range of topics covering different approaches, changes in legislation, policy and, State and Federal programs.

Request New Directions Task Force member departments/agencies to:

- (1) Commit to supporting integrated data collection efforts for the Children and Family Services Revenue Web page with data collection efforts for the Children and Family Services Budget.
- (2) Adopt the attached Guidelines and Principles for Interagency Funding.

Purpose of the Recommendations

(Include the rationale, what will be achieved, and benefits)

One advantage smaller counties have over Los Angeles County is their relatively easier ability to organize their Health and Human Services agencies under one "umbrella" agency. This not only promotes a higher degree of coordination among them but also

produces greater opportunities to maximize revenue. A single organization can provide the increased flexibility in budgeting staff appropriately to support the funding claim, coordinating the mechanics of intra-fund transfers, billing and documentation, smoothing over territorial concerns, and addressing a myriad of other issues that are common to revenue enhancement efforts. In counties as large as Los Angeles, bridging these areas is difficult and often results in bureaucratic red tape, confusing MOUs, uncertain outcomes, and fear of audit exceptions.

Although all departments and agencies desire to generate more revenue, there are varying degrees of awareness on how to go about doing this. The recommendation to establish a Revenue Function and Process for Los Angeles County, located within the Chief Administrative Office, is proposed to promote, coordinate, and resolve many of the issues surrounding revenue enhancement, particularly when it involves more than one department/agency.

There also has been a lack of emphasis in the County on teaching and making available the knowledge required to pursue new revenue strategies from a broad based perspective. For example, claiming Medi-Cal for mental health services is not limited to the Department of Mental Health staff and contract agencies, but may be justified for DCFS, Probation, Education, and DHS staff if they are providing a mental health service (as defined by Medi-Cal) as part of a Medi-Cal certified program that meets Medi-Cal requirements. The same may apply for Title IV-E and TANF. Yet many program and fiscal personnel throughout the County are unaware of the opportunities that may exist by partnering with another agency serving the same population. Nor are they necessarily familiar with how to expand the boundaries of existing funding streams with which they are familiar. One of the main purposes of a Revenue Function and Process would be to develop strategies that would not only promote revenue enhancement but also promote program integration and coordination where applicable.

It is also recommended that the County consider initiating a Revenue Cycle that compliments the Budget Cycle, but focus on revenue generation using the “best dollar” to provide services. Although examples of departments sharing access to funding used to serve common populations exist, there are no widespread or consistent endeavors to explore multiple interagency funding options or expand the boundaries of existing funding streams. A Revenue Cycle would pursue revenue maximization in an intelligent, rational, and supportive manner from a Countywide perspective that it is guided by a mutually accepted set of principles and guidelines. Training and sharing of information would be considered an integral part of the process.

The adoption of the Children’s Budget is a major step forward in providing budget and resource information about programs dedicated to children and families. An interactive Web page displaying which revenue streams are appropriate for different services, and detailed information about their sources and requirements, would make information available for those who seek to learn more about leveraging funds and accessing additional funding resources for their programs. Both the Children’s Budget and the interactive Web page share many of the same data elements; it is recommended that the data collection efforts be integrated into one process.

Lastly, Workgroup 5 prepared the “Guidelines and Principles for Interagency Funding” document that, if adopted, would promote win-win solutions and best practices for beginning the work of multi-agency revenue enhancement.

Linkages

What is the linkage between the recommendation and the Service Integration Action Plan Performance Measures, the County's Strategic Plan, and other Workgroups?

Linkage to the County Strategic Plan

Organizational Goal 3 – Organizational Effectiveness: Ensure that service delivery systems are efficient, effective, and goal oriented.

Strategy 3: Collaborate across functional and jurisdictional boundaries.

Organizational Goal 5 – Children And Families' Well-Being: Improve the well-being of children and families in Los Angeles County as measured by the achievements in the five outcome areas adopted by the Board: good health; economic well-being; safety and survival; emotional and social well-being; and educational/workforce readiness.

Strategy 1: Coordinate, collaborate, and integrate services for children and families across functional and jurisdictional boundaries.

Strategy 3: Engage individual departments in their planning efforts towards achieving the five outcomes for children and families.

Linkage to the SIAP Values and Goals

- Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals.
- The County service system is flexible, able to respond to service demands for both the Countywide population and specific population groups.
- In supporting families and communities, County agencies work seamlessly with public and private service providers, community-based organizations, and other community partners.
- County agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more strength-based, family-focused, culturally-competent, accessible, user-friendly, responsive, cohesive, efficient, professional, and accountable.
- County agencies and their partners pursue multi-disciplinary service delivery, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization.

Linkage to the Service Integration Action Plan Performance Measures

- Number and percent of County/contractor facilities where services from multiple agencies are offered.
- Number of multi-agency teams that share and integrate resources in delivery of multi-disciplinary services.

- Number of children and families who receive services from multiple programs and/or departments/agencies whose services are integrated and/or coordinated.
- Percent of County/contractor facilities where services from multi agencies are offered.

Linkage to other SIAP Workgroups

SIAP Workgroup 3: Multi-Agency Service Delivery

Task: 3.2: Develop policies and procedures and a fiscal assessment for sharing existing resources across agencies/departments, including staffing, funding, facilities, translators, and other resources.

SIAP Workgroup 4: Data/Information Sharing

Task 4.1: Identify departments/agencies/community partners that should share data, the purpose for sharing data, and the ability to share data.

Impact

What departments/agencies are impacted by the recommendations and what commitment is needed from each of them?

Strategies to maximize Federal and State revenue on behalf of children and families and to fund services using the “best dollar” available to County departments, agencies and commissions could positively impact all departments, agencies and commissions providing services to children and families. Those benefiting include the following public agencies and their contracted partners:

- Department of Health Services
- Commission on Children and Families (Proposition 10)
- Department of Mental Health
- Department of Children and Family Services
- Community and Senior Services
- Department of Social Services

Departments need to commit to interagency collaboration and exploration of revenue enhancement strategies in accordance with “Guidelines and Principles for Interagency Funding.” They also need to support integrated data collection efforts for the Children’s Budget and the Children’s Revenue Web page.

Smaller departments and agencies and contract providers will also benefit as knowledge and access to funds becomes easier to obtain.

Implementation Plan

What is the plan for implementing the recommendations and what is needed to support implementation of the recommendation?

In order for the County to support and continue Revenue Maximization, Workgroup 5 recommends the following implementation plan:

- Establish a Revenue Function and Process within the CAO to develop and recommend revenue maximization and leveraging strategies from a Countywide perspective. The purpose of this dedicated function would be to coordinate and provide training to both fiscal and program managers throughout the County on the different revenue streams and their applicability to County administration and programs.
- Initiate a Revenue Cycle that compliments the Budget Cycle and focuses on revenue generation strategies.
- Integrate the data collection process for the Children's Budget and the Children's Revenue interactive Web page.
- Adopt the attached "Guidelines and Principles for Interagency Funding."
- Periodically contract with consultants who are recognized experts in revenue maximization and fiscal leveraging.

Approval Date:

Comments:

WKGP 5 Revenue Cycle – SIAP 7-24-02.doc

GUIDELINES AND PRINCIPLES FOR INTERAGENCY FUNDING

- 1. All results must reflect a win-win situation for the county and the client.**
With the focus on the client, the County should pursue the funding source that provides the easiest and best access for services for children and families, provided there is no adverse effect on the County.
- 2. Ensure the money follows the child and not vice-versa.**
Focusing on the child and not the funding source will ensure the best program design. Individual funding streams may limit the services provided to what can be funded by that one source and not what is needed.
- 3. Approach the funding for each service by examining, in order, the following revenue stream sources.**
 - Federal
 - State
 - Foundations and grants
 - County

A county dollar should be the last dollar spent.
- 4. Use the best dollar to pay for a service with consideration of the administrative requirements.**
Regard the county as a single interagency government entity and select the revenue source with the highest reimbursement rate.
- 5. Examine the downside of pursuing the new revenue source.**
There may be hidden costs such as staff time spent in documentation, start-up costs, cash delays, etc.
- 6. Pursuit of new revenues must be done correctly from the beginning complying with all Federal and State regulations.**
Do it right from the beginning. Be as audit-proof as possible. Invest in staff training and monitoring.
- 7. Identify areas of cost avoidance.**
Not pursuing a particular interagency program because of lack of funds may be costly in the end if the child and family do not receive appropriate services or duplicate services and remain in the system.
- 8. Develop an MOU/OA and Implementation Plan before the program begins and make sure it is updated regularly.**
Intrafund transfers and their objectives need to be reviewed and updated regularly. Changes in program, staffing and current federal/state regulations/county require regular reviews to ensure the best funding for the program.

MOTION TO APPROVE SERVICE INTEGRATION ACTION PLAN (SIAP) RECOMMENDATIONS

*Data Sharing Work Group
Los Angeles Services Identification and Referral (LASIR) System*

(APPROVED BY NDTF)

October 8, 2002

The *Los Angeles Services Identification and Referral (LASIR)* recommendation was designed to support improved outcomes for children and families by enhancing access to critical and current information about services provided by County and non-profit health and human service organizations.

Via the Internet, and with complete anonymity (if desired) families or persons assisting them (e.g., County workers, community-based and faith-based organizations) will be able to use LASIR to quickly and easily identify Federal, State, County and other locally administered programs and services they may be eligible for. LASIR will also provide information as to where these services are being offered and the process by which they can be accessed. Examples of the type of information that LASIR will make available to end-users include: comprehensive program/service descriptions; contact information; street address; GIS-based mapping; driving directions; public transportation routing; easy-to-follow instructions on how to apply for the identified program(s) or service(s); required documentation and forms; and, direct links to other Web sites offering related information.

THEREFORE, I MOVE THAT THE NEW DIRECTIONS TASK FORCE (NDTF):

1. Endorse the attached Data Sharing Work Group recommendation to procure, customize as necessary, and deploy an Internet-accessible, self-administered software application (*referred to as the Los Angeles Services Identification and Referral [LASIR] System*). The Data Sharing Workgroup, with support from the CAO-Service Integration Branch, will oversee the RFP development and evaluation process, with the Chief Information Office (CIO) serving as the lead department for the development of the RFP, its issuance and evaluation.
2. Commit to providing department and agency representatives to participate, when called upon to do so, on an Implementation Committee and associated sub-groups, as subject-matter experts during the planning and implementation stages of this project to: formulate and test LASIR's functionality, provide current service eligibility requirements, and provide service contact information for the programs and services contained in the LASIR application.
3. Support the SIAP recommendation above by providing necessary resources; continuing executive leadership involvement; ensuring the active participation of appropriate agency staff in implementation activities; and working collaboratively with lead agencies to successfully implement and evaluate the impact of the recommendations in achieving the SIAP values and goals.



Service Integration Action Plan Recommendation Submittal Form

Workgroup 6 is responsible for updating the New Directions Task Force (NDTF) on the progress of the workgroups and the overall implementation status of the Action Plan. In support of implementing the Action Plan, recommendations may need to be presented to NDTF to secure a commitment to move forward on either the substance and/or the progress of an action step. Recommendations are to be action-oriented and may be presented to adopt new policy, set strategic direction, substantially change the Action Plan, secure the allocation of additional resources to support implementation, and/or secure the commitment to implement new business processes within or among departments. This form should be used to present the context of the recommendation.

Recommendation

NDTF Approval Needed: **Yes**

SIAP Task # 4.6: Create databases that allow agencies to share data, track and evaluate the quality of services provided, refer persons to services in other agencies, and identify opportunities for leveraging funds.

To further advance the objectives articulated in SIAP Task 4.6, it is recommended that efforts be commenced to procure, customize as necessary and deploy an Internet-accessible, self-administered software application (*being referred to as the Los Angeles Services Identification and Referral (LASIR) System*), usable by County and non-County staff, community-based organization representatives and the general public for identifying services and programs that might be available to individuals and/or families in need, based on their unique circumstances.

Additionally, in approving this recommendation, NDTF member departments and agencies are making the commitment to provide representatives to participate on an Implementation Committee and associated sub-groups as subject-matter experts during the planning and implementation stages of this project to formulate and test LASIR's functionality and to confirm the eligibility requirements and service contact information of the programs and services contained in the LASIR application.

Purpose of the Recommendation

Problem Description

In support of improving outcomes for children and families in Los Angeles County, a number of efforts are underway to provide greater access to available services and to critical information concerning those services. Often, individuals who are in the greatest need of the services provided by County and non-profit health and human service organizations do not know what programs and services may be available to them and where they must go to apply or to find out more information about those programs and services.

Community-based and faith-based organizations are often the initial point of contact for individuals and families who are in need of critical services and information. These organizations are frequently limited in the amount of information and assistance they can provide about County and non-County health and human services and programs. Many resort to any of a number of often outdated and occasionally conflicting hard-copy publications in an attempt to direct an individual or family toward some form of assistance that may fit their unique circumstances. Consequently, individuals and families frequently go without the services they badly need that would perhaps at a minimum, get them through a temporary crisis, or in more acute situations, move them more rapidly toward a life of self-sufficiency.

Project Description

The basic functionality LASIR will provide is to allow an individual or family to identify programs and services that may be available to them by answering a series of relatively simple questions concerning their unique circumstances. Since LASIR would be accessible via the Internet, it would be available to County workers, community-based and faith-based organization representatives, and to the general public, virtually on demand. In most situations, individuals and families in need of this information would most likely access LASIR with the assistance of another individual who is either experienced in its use (e.g., County workers, community- and faith-based organization representatives, etc.) or access it directly through the Internet and/or Internet-accessible systems available in libraries, at schools, with the assistance of a friend or relative, or via their own home computer.

Once deployed (initial phase), LASIR will:

- ◆ Allow individuals, via the Internet and with complete anonymity if desired, to quickly and easily identify Federal, State, County and other locally administered programs and services for which they may be eligible, based on their unique circumstances;
- ◆ Provide program and/or service identification information that includes:
 - A comprehensive description of the program or service for which it was determined they may be eligible;
 - Street address, GIS-based mapping and driving directions to the specific location where identified services can be applied for and obtained. This will include public transportation routing, as well;
 - Easy-to-follow instructions on how to apply for the identified program or service;
 - Relevant telephone numbers and contact persons;
 - A list of the required documentation and forms needed to apply; and
 - Direct links to other websites that offer related types of information;

Future Phases of LASIR being considered include:

- ◆ Allowing individuals to complete application forms and actually apply for services or program participation online;
- ◆ Allowing access to the system in multiple languages;
- ◆ Providing enrollment applications and other forms that can either be completed online and printed, or printed in blank and completed manually at a later time by the potential applicant; and
- ◆ With appropriate consent granted by the client, enabling electronic transmission of

information, through highly secured system interfaces, to actually make referrals, schedule appointments and reduce or totally obviate the need for dual entry of applicant data.

Potential Benefits:

It is expected that LASIR will:

- ◆ Greatly improve access to information and delivery of services to those who are most in need of them;
- ◆ Simplify the process for identifying and applying for needed programs and services;
- ◆ Reduce the number of telephone inquiries about program/service eligibility requirements and availability;
- ◆ Provide the ability to maintain the most current information about programs/services;
- ◆ Inform potential applicants where to go to apply for services, based on their current location or place of residence;
- ◆ Enable applicants, when arriving to apply for services, to have all required documentation and forms with them; and
- ◆ Ensure fewer instances where badly needed services are being under-utilized;

LASIR will not replace current systems that perform formal eligibility determination or enrollment for the programs and services that have been identified. Its intent is only to provide the individual or family (or person assisting them) with information relative to programs and services to which they may be entitled and of which they might not otherwise be aware.

LASIR will be made available via the Internet directly through its own unique web address (e.g., <http://www.LASIR.org>) as well as through the County's Web Portal. It will also be accessible through department/agency Internet home pages or at any other access point to the Internet. Internet access will be, and in some instances already is, available to the general public in County parks and libraries; at community and senior citizen centers; through County installed kiosks; at family resource centers and other community-based organization locations; on many County workers' desktops; and through any home personal computer that has Internet access capability.

Virtually any County and non-County program and service available in Los Angeles County could be identified and included on the LASIR application.

Project Funding

Funding for this project is being provided in part by the Chief Administrative Office with the remainder being applied for through the Chief Information Office's Information Technology Fund (ITF). The costs covered by this funding will include the purchase and customization and maintenance of a product that substantially meets minimally required functional and technical requirements but is not intended to offset the costs of departmental and agency staffs' participation on the Implementation Committee or associated sub-groups.

Linkages

What is the linkage between the recommendation and the Service Integration Action Plan Performance Measures, the County's Strategic Plan, and other Workgroups?

Linkage to the County Strategic Plan

Organizational Goal 1 – Service Excellence: Provide the public with easy access to quality information and services that are both beneficial and responsive.

Strategy 2: Design Seamless (“One County”) service delivery systems.

Organizational Goal 3 – Organizational Effectiveness: Ensure that service delivery systems are efficient, effective, and goal-oriented.

Strategy 2: Improve internal operations.

Strategy 3: Collaborate across functional and jurisdictional boundaries.

Organizational Goal 5 – Children and Families’ Well-Being: Improve the well-being of children and families in Los Angeles County as measured by the achievements in the five outcome areas adopted by the Board: good health; economic well-being; safety and survival; emotional and social well-being; and educational/workforce readiness.

Strategy 1: Coordinate, collaborate, and integrate services for children and families across functional and jurisdictional boundaries.

Linkage to the Service Integration Action Plan Values and Goals

- Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals.
- There is no “wrong door”: wherever a family enters the system is the right place.
- Families receive services tailored to their unique situations and needs.
- Service providers and advocates involve families in the process of determining service plans, and proactively provide families with coordinated and comprehensive information, services, and resources.
- In supporting families and communities, County agencies work seamlessly with public and private service providers, community-based organizations, and other community partners.
- County agencies and their partners focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of families.

Linkage to other Service Integration Action Plan Workgroups

SIAP Workgroup 1: Access to Services

Task 1.1 Identify and automate programs and services that are offered by different agencies, departments, and community partners – “What door exists?”

Task 1.5 Develop methods to improve access to services.

SIAP Workgroup 2: Customer Service and Satisfaction

Task 2.4 Enhance system of family advocates by partnering with community-based resources (beyond community-based providers) to assist families in navigating through the service delivery system.

Impact

What departments/agencies are impacted by the recommendation and what commitment is needed from each of them?

Virtually any department, agency or organization that offers or administers Federal, State, County and other locally administered programs and services to children and families in Los Angeles County could potentially be impacted by the implementation of this recommendation. The most significant impact would be during the development and implementation phases of the application, as follows:

- ◆ Each department/agency will be required to identify all of the programs and services they offer or administer that should be included in the LASIR database, together with the corresponding eligibility criteria that apply to those programs and services. Additional time and effort would be required of these organizations to validate the outcomes produced by LASIR, once their services and eligibility criteria are programmed into the database.
- ◆ County departments and agencies will be asked to provide representatives to participate on a LASIR Implementation Committee and associated sub-groups as subject matter experts during the planning and implementation stages of the project. It is anticipated that the level of commitment of time and effort on these sub-groups will be sporadic in nature and finite in duration, with every expectation that the project will be completed within a 12-month period. The approach will be to concentrate the sub-groups' efforts on specific areas of the project and then conclude their participation once that area has been adequately addressed.
- ◆ County departments/agencies and other organizations that elect to use LASIR as an information resource will need the appropriate computer equipment and Internet connectivity required to access the application. LASIR will be designed to support access via PCs running standard Internet browsers (e.g., Internet Explorer, Netscape), without requiring additional software to be installed.
- ◆ County and agency personnel who will be using the LASIR application, once it is implemented and deployed, may wish to receive training in order to use it most effectively. LASIR will be designed to be highly intuitive, thereby requiring minimal instruction in its use, but some level of training effort will be offered and provided to County and other support service agency users, if desired.

Implementation Plan

What is the plan for implementing the recommendation and what is needed to support implementation of the recommendation?

SIAP Workgroup 4, with support from the CAO-Service Integration Branch, will oversee the RFP development, issuance and evaluation process, with the CIO serving as the lead department for this process. The RFP will target web-based application developers who have existing applications that closely meet the required application requirements and functionality or those who can clearly demonstrate their experience and success in developing other similar web-based applications. As indicated in the IMPACT section above, it is expected that participating departments and agencies will contribute resources and staff, when needed, as the project progresses through the different development and production stages.

During planning and implementation, a LASIR Implementation Committee will be formed to see the project through final deployment. This committee will play a vital role in the design, development, and implementation of the LASIR system.

This Implementation Committee and associated sub-groups will include staff from County departments, community-based organizations and other community representatives. Responsibilities will include:

- ◆ Creating collaborative and trusting partnerships among project partners including County departments, Community-based agencies, citizen advocacy and support groups, the contractor, and the public.
- ◆ Overseeing and evaluating all system development activities for the project including software development, hosting arrangements, and compliance with County architecture standards.
- ◆ Supporting all activities required for the development and implementation of LASIR project.

Projected Timeline

It is anticipated that once formal approval is obtained to move forward on this project, the initial phase of LASIR as described above is planned to be operational and available to the general public through the Internet within twelve (12) months. This timeline includes constitution of the Implementation Committee; development, issuance and evaluation of the RFP; selection of the vendor and award of the contract; procurement and customization of the product to suit the specific needs of Los Angeles County; deployment of the system; and any training that might be requested.

Approval Date:

Comments: